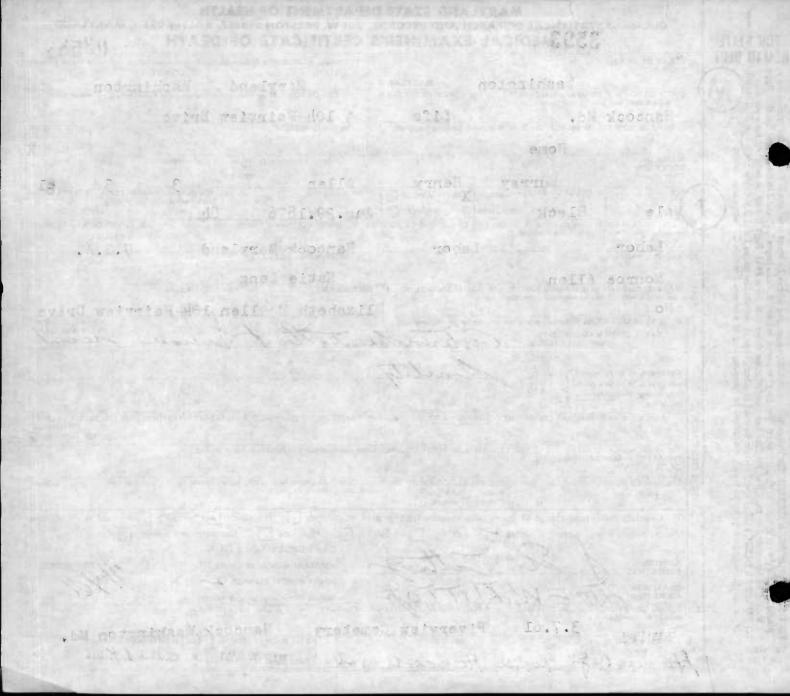
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **FOR STATE** 3593 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceased lived, If institution: Residence before edmission) d for your files.

Board of Health, a. COUNTY a. STATE b. COUNTY is necessary, Washington MARYLAND c. CITY OR TOWN If outside corporate limits, write RURAL and give neerast town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Hancock Md. 104 Fairview Drive Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO V be retained State Home 3. NAME OF Middle Last 4. DATE Month Dey Yeer ould be executed within 24 hours after death. If a in pencil in Item 18. Give Pages 1, 2, and 3 to the DECEASED OF form PM3. Page 5 may be relif. File pages 1 and 2 with the event within 72 hours after d (Type or print) DEATH 19 Allen Henry 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER OTHES. 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) Months Days Hours Min. Mala WIDOWED DIVORCED yrs. . USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Labor Labor Hancock Maryland 13. FATHER'S NAME Katie Long Monroe Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. File MEDICAL EXAMINER: This certificate should be executed within Address (Yas, no, or unkown) | (If yes give wer or detes of service) Office along with No any Elixabeth M Allen 104 Fairview Drive 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: reca IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which cute the certificate, writing the word "pending" geve rise to immediate cause Examiner's 103 DUE TO (a), steting the underlying 88 or cause last. pesn cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 200 should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should be NO 20b. DESCRIBE HOW INJURY OCCURED, (Enler neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! Month, Day, Year 20f. (City or town) (County) (Slata) factory, street, office bldg., etc.) 0 Not While Hour a.m. While at work at work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion agent, death resulted from: Suicide Homicide Undetermined manner Natural causes Accident CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) pinous Addrass (Street, city, town, or county) DE 22a, BURIAL, CREMATION. NAME OF ETERY OR CREMATORY 22c. 22d. LOCATION (City, town, or country) (Slela) its REMOVAL (Specify) 0 ö Riverview 940 Cemetery Hancock Washing VS. AISME Critica S. Kraus DATE MAR 7 161 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3594 CERTIFICATE OF DEATH

			M. C.
		ved, If institution: Re	sidence before edmission)
. SiAlt Mary	land "	COUNTY Was	hington
c. CITY OR TOWN (I	f outside corporete limit	s, write RURAL and	give neerest town)
Hagersto	wn	93	
d. STREET ADDRESS			IS RESIDENCE ON A FARM?
2200 Gay	Street		YES NO.
Last	4. DATE	Month	Dey Yeer
Barber	-		9 1961
8. DATE OF BIRTH			EAR IF UNDER 24 HRS.
Jan. 13 19		yrs. 2 2	f
			EN OF WHAT COUNTRY?
		U.	S.A
Elsie M	organ		
	2	ddress Gav	St
Herschel H.	Barber Ha	agerstow	n Md.
			INTERVAL BETWEEN ONSET AND DEATH
ation			Minutes
nomatosis of	abdomen		6-12 months
oma winwhenn	s from ute	rus	4 years r
diovascular	lisease.		
NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	ON GIVEN IN PART	(e) 19. WAS AUTOPSY PERFORMED?
			YES NO
ED. (Enter neture of injury in l	Pert I or Pert II of item 1	B.)	
		(Coun	ty) (Stete)
2-9-49,	19 to	death., 19	, that (I) (we) last
at death occured al	N, From the ca	auses and on th	e date stated above.
			22b. DATE SIGNED
	DIRECTOR PHYS.		3101420
22d. ADDRESS			
318 Nort			
			(Stete)
emetery	Jeffers	on Ild.	
25a. REC	2 2 2 '61	56. REGISTRAR'S S	IGNATURE
	e. STATE Mary c. CITY OR TOWN (I) Hagersto d. STREET ADDRESS 2200 Gay Lest Barber 8. DATE OF BIRTH Jan. 13 19 TRY II. BIRTHPLACE (Coun Frederic 14. MOTHER'S MAIDEN Elsie M INFORMANT Herschel H. ation inomatosis of nomatofinimental cdiovascular (NOT RELATED TO THE TERMIN MED. (Enter neture of injury in mactory, street, office bidg., etc. ATTENDING X PHYS. 22d. ADDRESS 318 Nort Y OR CREMATORY	e. STATE Maryland c. CITY OR TOWN (If outside corporate limit Hagerstown d. STREET ADDRESS 2200 Gay Street Lest 4. DATE OF Barber 8. DATE OF BIRTH Jan. 13 1902 59 TRY II. BIRTHPLACE (County & Stete, or foreign of Frederick Md. 14. MOTHER'S MAIDEN NAME Elsie Morgan INFORMANT Herschel H. Barber He ation inomatosis of abdomen noma minumentum from ute cdiovascular disease. NOT RELATED TO THE TERMINAL DISEASE CONDITION LACE OF INJURY (Home, ferm, 20f. (City or town) actory, street, office bidg., etc.) ATTENDING THE MED. ATTENDING THE DIRECTOR PHYS. 22d. ADDRESS 318 North Potomac Y OR CREMATORY 23d. LOCATION (C	2. USUAL RESIDENCE (Where decessed lived, If institution: Ree. STATE Maryland b. COUNTY Was c. CITY OR TOWN (If outside corporate limits, write RURAL and Hagerstown d. STREET ADDRESS 2200 Gay Street Last

TO HOSFFAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled by the still permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

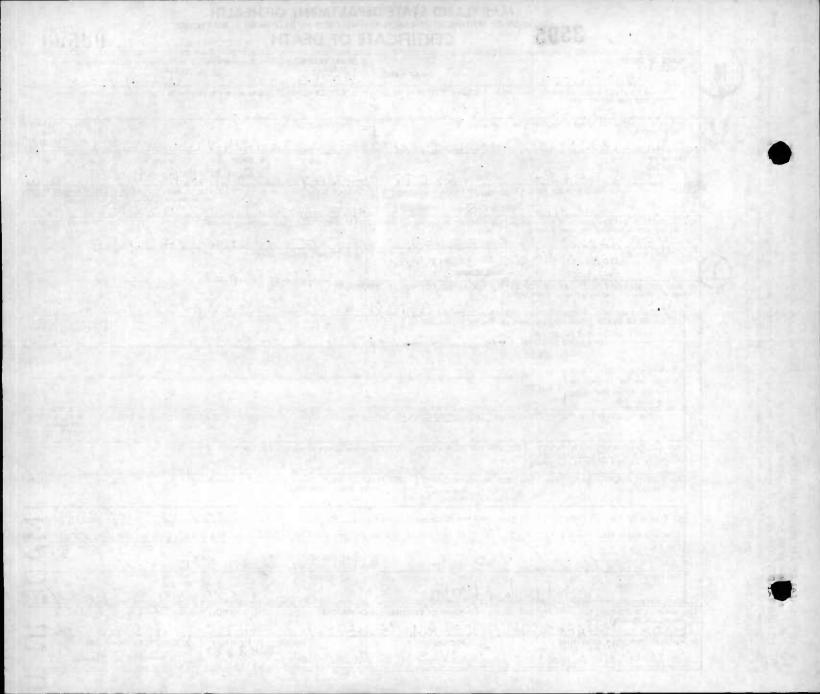
merane more automore amonione I o sain told SID Horth Potomno Steney Engage

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
3595 CERTIFICATE OF DEATH

03590

Ŀ					()	0000
	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (When o. STATE	re deceased lived. If institut b. COUNT)		re admission)
	WASHINGTON	MARYLAND	MARVLAND.	b. COUNTY	ASHINGT	ON
1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside carporate limits, write l		
	WILLIAMSPORT	31/ WIEKS	X Box	NSBOKO		
	d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	NOT TO RE		e. IS RESIDENCE
Q	MILLIAMSPORT SA	MITARIAM	166 SOUTH	MAIN ST		YES NO
	3. NAME OF First	Middle	Last	4. DATE Ma	inth Day	y Year
	(Type or print) OISEPH	BURKETT "	BATMAN	DEATH MARCH	. 22	196/
	5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)		
	MALE WHITE WIDOW	ED DIVORCED	JUNE -6-180	68 92 yrs.		Haurs Min.
	 USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired) 	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or	fareign cauntry)	12. CITIZEN OF	WHAT COUNTRY?
	MERCHANT	ETIRED	DAGE CO	ODAITY VA	. 11. C.A.	
1	3. FATHER'S NAME HENRY JACKSON	BATMAN	14. MOTHER'S MAIDEN NA	ME /	110	
	Child I	N	ELIZA	SHENIK		
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.1	NFORMANT	Ado	dress	
	NOS (5	7-10-4799-FIKI	V. RICHARD +	BATMAN	BOONSBOI	RO MD.
	1B. CAUSE OF DEATH [Enter anly one cause per line	e far (a), (b), and (c).]	1 1	1	INTE	RVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Mendensk	I asterio so	elevano	ONS	EF AND DEATH
	450.0 DUE TO	The state of the s	1	N.		1
	Canditions, if any, which) (b)					
	gave rise to immediate cause (a), stating the under-					
1	lying cause last. (c)				10000	
		ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GI	VEN IN PART 1(a) 15	. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS COLUMN CONDITIONS COLUMN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Pa	rt I ar Part II af item 1B.)		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Manth, Day, Year 20d. It	NJURY OCCURRED 20e. PI	ACE OF INJURY (Hame, farm,	20f. (City ar tawn)	(Caunty)	(State)
	20c. TIME OF INJURY Manth, Day, Year 20d. It Hour a. m. 19 al warl		actory, street, affice bldg., etc.)			
	21. I certify that (I) (this hospital) attend	ed the deceased from	Thereh 1 196	L. to March Vi	2, 19.6/, the	at (I) (wa) law
	sow the deceased alive on the 18	2 10/1	11/1.	A, from the causes ar		
1	22a. SIGNATURE	1/2			ila an ing aaro	22b.DATE
1	WUNN	an	M.D. PHYS. MED DIRE	CTOR PHYS.		SIGNED
	22c. PHYSICIAN'S NAME (Type)	1/	22d. ADDRESS	1.		- /
	G. Wilh &	van	100	1 MINDE	1 9	514
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 2	3d LOCATION (City, town,	or county)	(State)
	DURIAL 1/14K 25.1461	BEAHMSCE	METERY !	PAGE CO. V	11RGNA	
1	4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'.D.	AU 7 47C1	ISTRAR'S SIGNATUR	E
	Jaku XI. Klast /c	200 NSBORD	MD. DATE		Christman & The	alle



rs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

3596

CERTIFICATE OF DEATH

03591

1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md •		institution: Residence Was	Die Tall
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Smithsburg	41 years	c. CITY OR TOWN (IF o		, write RURAL and g	
d. NAME OF HOSPITAL (If not in hospitol, give stree	t oddress)	d. STREET ADDRESS 11 W.	Water St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Stella	Myrtle	Beard	4. DATE OF DEATH	March	20, Year 1961
A amada a malada a	RRIED NEVER MARRIED DIVORCED DIVORCED	Dec. 11, 1	9. AGE (lost b)	44 4 4	YEAR IF UNDER 24 HRS Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	. KIND OF BUSINESS OR INDU	Chewsvil	le, Md.	12. CITIZ	EN OF WHAT COUNTRY?
13. FATHER'S NAME Henry J. Pof	fenberger	14. MOTHER'S MAIDEN N		Rudisill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give wor or dates of service)		rs. Anna St	em, Smit	Address nsburg,	Md.
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. DUE TO (b) A DUE TO (c)	ardiac Failuirteriosclero	tic Cardiovs			1 Day
20a. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. Hour o. m. Whil	SCRIBE HOW INJURY OCCURRE		Port I or Port II of iter	n 1B.)	PERFORMED? YES NO 20
21. I certify that (I) (this hospital) after sow the deceosed alive on 3/19. 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) Charles F. Hes	1961 , and that a	ATTENDING MI	M, from the cau	uses and on the	L, that (I) (we) last date stated obove. 22b. DATE SIGNED
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) burial 3-22-61	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City Smithsb	urg, Md.	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Sc	ADDRESS on, Smithsbur	M	AR 2 2 '61	56. REGISTRAR'S SIG	

TO HOSPIZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO FUNER VR A1S (4) 1SM 9/S9

TE SERVICE OF 18-1014 a Servence HELL F. G. GOLT ON BOX 200 ero, mine sound, first thinker, one not be a series of the series and the series of the series was be now . we are sent inch and a second of the second

1	火	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH () 35	92
afte nera	IN	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a	dmission)
ers of T	AI)	Washington MARYLAND B. STATE Maryland B. COUNTY Washington	
ho the		b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)	n)
lin to	nd:	Hagerstown 27 yrs. 03 Hagerstown	CID FLIGS
illed Page rs a	180	ON	SIDENCE A FARM?
rs. Hou		Washington County Hospital 1131 Hamilton Bluds YES NAME OF First Models Last 14. DATE Month Day Yes	ио 🗶
pler 72	Man.	DECEASED	61
exe com com thin		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER	61 24 HR5.
be and arbo	7.0	Male White WIDOWED DIVORCED April 20, 1895 65 yrs. Months Days Hours	Min.
cate ian ve c	0	B. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT C	OUNTRY?
ysici emo ny e	(I)	Plumber Own Business Washington Co. Md. USA	
h ce g ph ise r	No.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
deat ding plea plea	Examiner	John Brenner Emma Ridenour	
the hen hen al, a	m.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address as, no, or unkown) (Ifyes give we ror detes of sarvica)	AA I
hat the the	'X	Yes W 1 219-20-1895 Mary C. Young 1131 Hamilton Blvd. Hagersto 18. CAUSE OF DEATH Enter only one ceuse per line for (e), (b), and (c).]	
cian by ermi	ed.	PART I. DEATH WAS CAUSED BY: PROLODIE HODGE OF COLO	
hys ned ned sit p	Re	Implication choose (e)	NE IE
w re p p significans	0	Conditions, if any, which I (b) ARTERIOSELEROFIE HEART RIFEASE UNKN	Carr-
e la andii beer rial-t	E	geve rise to Immediate cause	
The atte	-	(e), steting the underlying course lest. (c)	
AN:	=	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFO	UTOPSY RMED?
Spile Spile	03	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO X
PHYS the ho his cer I for us	Ditto	20a. ACCIDENT WAS UNDERLYING (20b. DESCRIBE FOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING (20b. DESCRIBE FOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ed by After t	8.W.	Hour e.m. While Not While factory, street, office bldg., etc.)	(State)
tain tain B.	hq	21. I certify that (I) (this haspital), attended the deceased from HANCH 31 , 1961, to HANCH 31 , 1961, that (I)	we) last
d b		saw the deceased alive on AAAA 31 1961, and that death occurred at 750M, from the causes and on the date states	
R P P P P P P P P P P P P P P P P P P P	Ed	220 SIGNATURE 1 SUMMENT SOLVEN SIGNATURE 120	
OED S	13	R. fardyobel M.D. PHYS. DIRECTOR PHYS. April 1	1961
PATA Page with	Countersigned	122c. PHYSICIAN'S NAME (Type) I. R. LARD (ZARAL Md SylVastura Md	
HOS. FUN. ector, filed	t	a. DORIAL, CREMATION, 250. DATE THEREOF	tate)
P dio do	0,0	Burial 4/3/61 Rest Haven Cemetery Hagerstown Md.	
VR A15 (4)	0	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR'S SIGNATURE	
15M 9/60	10	Rest Haven Funeral Chapel Hagerstown, Md. DATE APR 4 61 Changes. Many	
		When Co Store	

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tends	papill II.	War Carried Control	seaton	*
Constant Pala Hallani	1011	1-13-as	terior Course H	etc)
10 11 Joseph 20 21			done	
	notestion.			
	distribution (color			
A Paris Cont Start . Massacretic is	in who i he		1 1	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the printing the ward "pending" in penal in them 18. Give Pages 1, 2, and 3 to the funering ectar. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your standard by the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your standard by the PMS of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your standard by the PMS of the Chief Medical Examiner's Office along the permit. File pages 1 and 2 with the registror prior to burial, premation, I 0 ar remavol.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3598 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 13595

1. PLACE OF DEATH				Where deceased lived. It institution: Ke	sidence before admission)
. county Washing	ton	MARYLAND	Waryland	b. COUNTY WE	ashington
b. CITY OR TOWN (If our and give nearest town)	utside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corporate limits, write RURAL	and give nearest town)
Hagersto	wn, Md.	12yrs.	Hagersto	wn, maryland.	0.5
d. NAME OF HOSPITAL	OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
121tiClar	kson Ave.		121 018	rkson Ave.	YES NO
3. NAME OF	First	Middle	Last	4. DATE Month	Day Year
(Type or print) Ne	ttie	Frances	Brown	DEATH March	13 1961
5. SEX	6. COLOR OR RACE 7- M	ARRIED NEVER MARRIED 8.		9. AGE (In years IF UNE	DER TYEAR IF UNDER 24 HRS.
Female (olored win	OWED DIVORCED H	ebruary 26	1949 12 yrs. Month	s Days Hours Min.
10a. USUAL OCCUPATION	(Give kind of work done	10b. KIND OF BUSINESS OR INDUST			CITIZEN OF WHAT COUNTRY?
during most of working	life, even if retired)	none	Hagerstow	vn waryland	I SA
13. FATHER'S NAME			14. MOTHER'S MAIDEN		USA.
Laweranc	e Brown		Virgina	stribling	
	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
(Yes, no, or unknown) (H	f yes, give war or dates of service)			In ADE Samone As	
	Enter only one cause per		TETHO DION	in 405 Sumans A	
PART I. DEATH	WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
37 m	AMEDIATE CAUSE (6)	neumonitis		Se	veral Days.
3 % 5	DUE TO				
Conditions, if ony gove rise to immedia		Gentally Retarded	From Age Of	2 Years.	
(o), stoting the un					
couse lost.) (c)				
PART II. OTHER	R SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	IOI RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN F	PERFORMED?
2					YES NO 13
PART II. OTHER	RIBUTING 20b. DES	SCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Por	t I or Port II of item 1B.)	
. 1					
Y 20c. TIME OF INJURY Hour o. m. p. m.			CE OF INJURY (Home, form bry, street, office bldg., etc.		County) (Stote)
p. m.		of work of work			
21. I certify tha	t I took charge of t	the remains described abo	ve, held an Autops	y 🔲, Inspection 🖸, Inq	uiry [], and find that
death resulted f	rom: Natural caus	es X, Accident , Suid	cide [], Homicide	Undetermined cause	
	150	0 ~			
ACTUAL	11 aux	Till	M.D. CHIEF MEDICAL EX	XAMINER [DATE SIGNED
	0-		ASSISTANT MEDIC	AL EXAMINER	
EXAMINER'S NAME (Type) Dr	E. W. Ditt	o. Jr.	DEPUTY MEDICAL	EXAMINER 3-13-61	
220. BURIAL CREMATION		22c. NAME OF CEMETERY OR	ÇREMATORY	22d. LOCATION (City, town, or count	y), (Stote)
BETTY & (Specify)	3/16/61	Rose Hill Cemes	tory	Hagerstown, M	
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	240. REC'	D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE
200 R 711	time &	lanuster mo	DATERAL	R 2 0 '61 Chilling 2	9 Karea
THE WAY	NAME OF THE OWNER OWNER OF THE OWNER O	THE VICTOR	1 -11/10	Circon Z	1 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 /

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		AND PARTY WHEN SO IN TARREST		
			all meliterani	
				or and the second secon
		Canada na servicios de la composición de la comp		
		Canada an action of the control of t		

funeral within 24 hours after TO HOLFITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour.

death. By 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2.

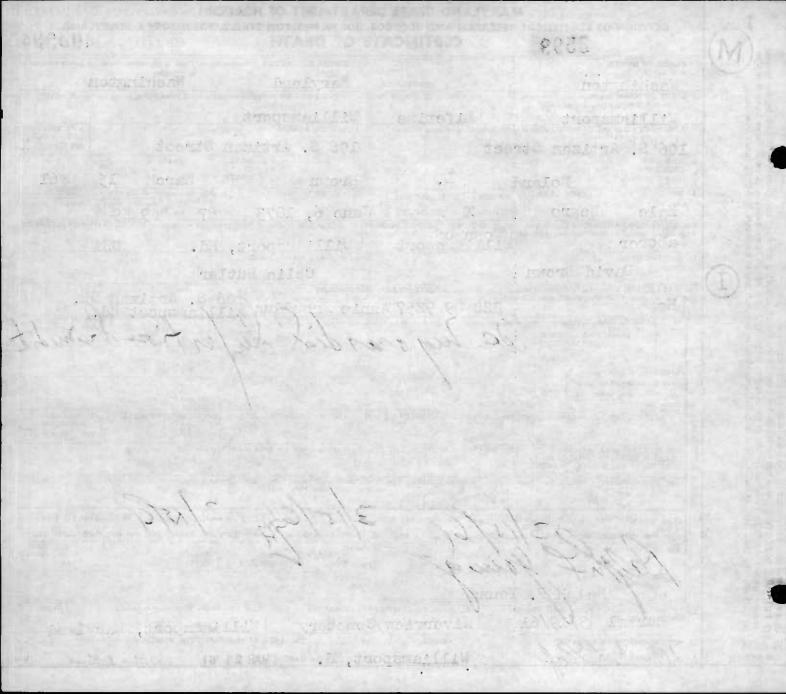
be filed with the State Dept. of Health prior to burial, cremation, or removal, and in eny event, within 72 hours after death.

15M 9/60

MARYLAN	ND STA	TE DEF	ARTMEN	T OF	HEALT	F
 						-

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (13594)

4	1. PLACE OF DEATH					2. USUAL R	ESIDEN	CE (Whare de	ceased lived, If	Institution: Ra	sidanca b	afora ed	mission)
1	a. COUNTY	ton		WEBS	LAND	Mary	her F		b. COUN	shing	ton		
1	Washingt	outside corporata limit: give neerest town)	i,	c. LENGTH OF ST					orete limits, write			est town)	
-				Lifetim	10	Willi	amsr	ort		2			
ľ	d. NAME OF HOSPIT	Sport	not In hosp	pitel, give street edd	lress)	d. STREET		,01.0			a.	IS RES	
0		rtizan St	reet				. Ar		Stree		1	ES 🔲 1	FARM?
	3. NAME OF DECEASED	First		Middle		Last		4. DATE OF	Month		Day	Yeer	
	(Type or print)	Nolan	d	L.		Brown	4	DEATH	Mar	ch :	15	196	1
	5. SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRI	ED 8.	DATE OF BIRT	H	9	. AGE (In years last birthday)			JNDER 2	
	Male	Negro	WIDOWE		ED 🔲 ,	June 6	, 18		87 yrs.	919		ours	Min.
1	10a. USUAL OCCUPATION done during most of wor	ON (Give kind of work king life, even if retired	I T.O.	ND OF BUSINESS O					foreign country)		EN OF W	HAT CO	OUNTRY?
1	13. FATHER'S NAME		W11.	liamspor	τ .	14. MOTHER'S	Lams	port,	Md.		JSA		
		id Brown			1,46								
			7862 144				eTI.	a Butl			-		
1	(Yes, an or unkown) (If	k IN U.S. AKMED FORG yesgiva warordatesofse	rvice)	SOCIAL SECURITY N				700	S. Address	tizar	St		
			22			nie Br	oudd	us/ Wi	Mams		(d/)		
1		EATH [Enter only one WAS CAUSED BY:	cause per li	ne for (e) (b), and	(c).]	/	(/	1/	1 1	t-0	ONSET	AND DE	ATI
Н		MMEDIATE CAUSE (a)	DE	nus	0/a	1000	1	N41	MCM	an	19 m	me	44
	420.1	DUE TO						N	. , ,				-
	Conditions, if any,												
	geve risa to immadia (a), steting the un	DI TILL									-		
-01	couse last.) (c)_											
1	PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEA	TH BUT NO	T RELATED TO 1	HE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	(a) 19. V	PERFOR	
	TAT.										YES	-	0 🖸
	PART II. OTHER 20a. ACCIDENT WA OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURED.	(Entar neture of	f injury in	Part I or Pert II	of item 18.)				
			r 20d	NJURY OCCURRED	1 20e PLA	CE OF INJURY (Home, fer	m, ! 20f. (City	v or town)	(Coun	lv)	15	tata)
	20c. TIME OF INJUIT	Monin, Day, rea	While	Not While	facto	ory, street office	bldg., ato	c.)	/		,	,	
	-	19	at worl			1/1	1	/	2/10	f			
	21. I certify th	nat (I) (this hospita	1/1	///	_	/1	1.6	19, to:			, that	.,,	
а	saw the degease	ed alive oh	1.3.		and that	death occur	ed at	M, from	the causes	and on th	e date		
Ø	220. SIONATURE	101	21			ATTENDIN		MED.	STAFF				DATE
	1 Caun	uf y	Du	ual	М.			DIRECTOR	PHYS.				
	276. PHYSICH YS	//	3.5	1		22d. ADD	RESS						
		Ralph /F'.	Your										
	23a. BURIAL, CREMATIC	ON, 236 DATE THER	EOF	123c. NAME OF				23d. LOC.	ATION (City, to	wn or county)		(Stat	ta)
	Duriar	12/67		Rivervi	Lew C	emeter	· ·		iamspo		aryl	and	
	24 FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			25a. RE	C'D BY REGIS	TRAR 25b. RE	GISTRAR'S S	IGNATURE		
	alberto	deaf		Willian	mspor	t, Md.	DATE	MAR 21	'61	Outhur.	8 Kins	ed.	
		0										1111	



event, within 72 hours after death

in any pup

law requires that the deoth certificate be executed within 24

ATTENDING PHYSICIAN: The

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rs ofter death. Page 4

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

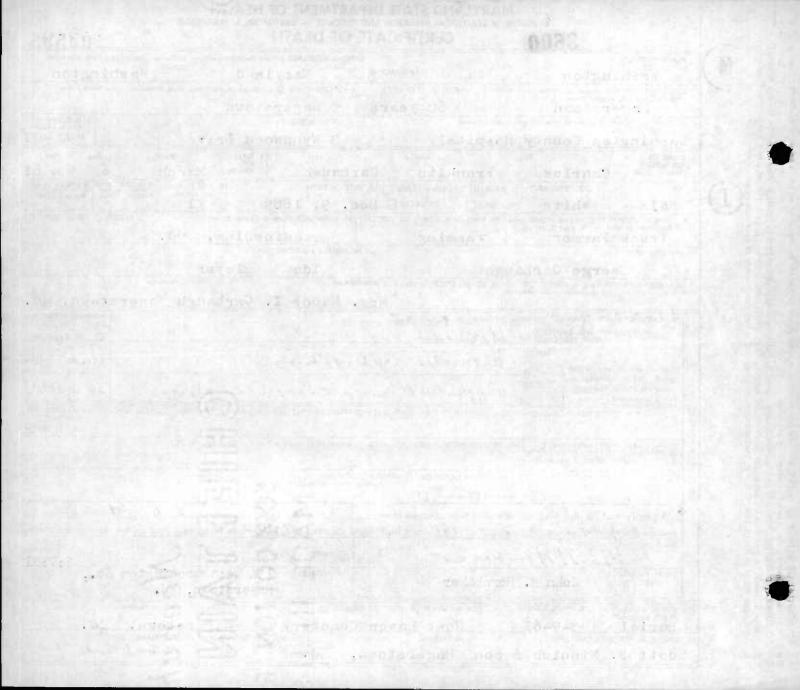
CERTIFICATE OF DEATH

2000

09EQE

2000	CERTITION	IL OI DEFTIII		
1. PLACE OF DEATH		2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: Residen	ace before admission)
Washington	MARYLAND	Mary1	and b. COUNTY Was	hington
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	stside corporate limits, write RURAL and	give nearest town)
RURAL and give necrest town) Hagerstown	60 years	0 3 Hagers	town	
d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Washington County Hos	pita1	/ 3 Wynnwo	ood Drive	YES NO
3. NAME OF First	Middle	Last	4. DATE Month	Day Yeor
OTYPE OF Print) Charles F	ranklin C	arbaugh	DEATH March	6 19 61
5. SEX 6. COLOR OR RACE 7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH	lost birthdoy) Manths	Days Hours Min.
Male White WIDOWE	D DIVORCED	ec. 9, 1889	71 yrs.	
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of		IZEN OF WHAT COUNTRY?
Truck Farmer	Farming	Broadfo	ording, Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
George Carbaugh		Ida	Bloyer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
	Mr	s. Maude I.	Carbaugh "ager	stown, md.
18. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).]		•	INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	renia.			3 days -
11/10 >/ DUE TO			L.	
Conditions, if any, which) (b)	triotar nyp	hoschman	√ 0	Mikuova
gove rise to immediate DUE TO				7 17.
lying couse lost.	ypentru live	cardio vas e	ular disease	30 yrs(?)
				TT 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED?
20g. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in P	ort I or Port II of item 18.)	
20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESI OR CONTRIBUTING ☐ CAUSE OF DEATH UTTER (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm,	20f. (City or town)	County) (Stote)
Haur a.m. While	Not while foc	tory, street, office bldg., etc.		
		45 5 5		4
21. I certify that (I) (this haspital) attend				
saw the deceased alive an 3 - 6 -	19.6/ , and that d	eath accurred at 7:50	Maram the causes and an the	
220. SIGNATURE John Stom LA	1	ATTENDING _/ ME	D STAFF	22b. DATE SIGNED
	ar	M.D. PHYS.	RECTOR PHYS.	3:7:61
22c. PHYSICIAN'S NAME (Type) John H. Horr	ibaker		.54 West Washington	St.,
		Н	lagerstown, Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City, tawn, or county)	(State)
Burial 3-9-61	Rest Haven	Cemetery	Hagerstown,	md.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 256. REGISTRAR'S SI	
Scott F. Minnich & Sc	n Hagerstow	m, Md DATE MAR	19 '61 arthur 8.	Thank -

TO HOSPITA VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

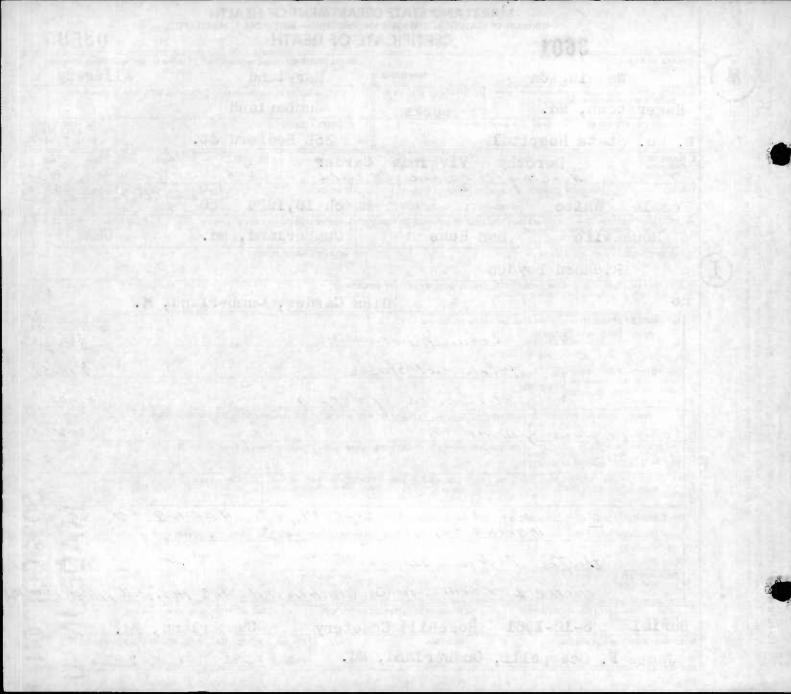
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

3601	CERTIFICA	TE OF DEATH		03596
PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO I STATE Mary La	nere deceased lived. If institution b. COUNTY	Residence before admission) Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Md.	weeks	c. CITY OR TOWN (IF o	outside corporate limits, write RUI	RAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Md. State Hospital		d. street address 358 Bed	lford St.	e. IS RESIDENCE ON A FARM? YES NO
(Type or print) DOROTHY VIRG	irgywia	Carder	4. DATE Month OF DEATH 120	Day Year YECK 9, 196/
Female White Widowed		B. DATE OF BIRTH March 16,19	last birthday)	FUNDER 1 YEAR IF UNDER 24 HR. Manths Days Haurs Min.
0a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF during most of working like, even if refired) Housewire Own Ho		Cumberla Cumberla		12. CITIZEN OF WHAT COUNTRY USA
3. FATHER'S NAME Richard Boyden		14. MOTHER'S MAIDEN N	NAME	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (If yes, give wor or dates of service)		en Carder,	Cumberland,	
gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) CCR CII		eervix	inal disease condition give	6 MOS, 18 MOS, N IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES TO NO [
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a. m. p. m. 19 20b. DESCRIBE HO While Na at wark at	CCURRED 20e. PL It while fac wark	D. (Enter nature af injury in ACE OF INJURY (Hame, farm tary, street, affice bldg., etc	n, 20f. (City or town)	(County) (Stat
21. I certify that (1) (this hospital) attended the saw the deceased alive on March 9, 19 22a. SIGNATURE Victor L. Ra	61, and that d	leath accurred at		
NAME (Type) VICTOR L. Ran	115, m.D	. Western /		ital, Hugershow
Burial 3-12-1961 Ros	AME OF CEMETERY O	emetery	23d. LOCATION (City, town, or Cumberland,	Md.
James F. Scarpelli, Cum	berland,	The same of the sa		RAR'S SIGNATURE

ers after death. Page 4 ond 2 should be filed with may be need by the haspital or attending physician.

D FUNERAC DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO FUNERAL VR A1S (4) 1SM 9/S9



TO HOSTICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

See death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ()3597

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)
Washington MARYLAN	•. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	N 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Downsville 24 yrs.	Downsville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS a. IS RESIDENCE
Downsville Maryland	Downsville Maryland VES NO X
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
DECEASED (Type or print) Stollar Dollar	OF DEATH Warran 10 63
(Type or print) Stella May Dolly 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Cline March 27 19 61
	lest birthdey) Months Devs Hours Min.
Female White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
Housewife Home	Maryland U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Luke Wolford	Martha Ann Renner
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	17. INFORMANT Address
No none	Mr. Harry Ckine / Fr. Downsvillen Md.
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DRATH
420 IMMEDIATE CAUSE (0) TO Weep CO	Mix one or 1100 omnerion
DUE TO	
Conditions, if eny, which geve rise to immediate cause	
(e), steting the underlying DUE TO	
ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
LIVE CONTRACTOR OF THE CONTRAC	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO DEA	CURED. (Enter neture of injury In Pert I or Pert III of Item 1B.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e	e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e While Not While et work 19 et work et work	factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fr	rom 19, 19, to 19, that (I) (we) last
saw the deceased alive on	that death occured at
226. SIGNAPOR	ATTENDING MED. STAFF
Laya Gouly 9	M.D. PHYS. DIRECTOR PHYS. 22d, ADDRESS
22c. HINGETAN'S NAME (Type) Ralph Young M D	220. ADDRESS
23e. BURIAL, CREMATION, 23b. DATE THER OF 23c. NAME OF CEMET	
Burial Parch 29-61 Greenlawn	Cemetery Williamsport Md.
24 FUNERAL DIRECTORIS SIGNATURE 1 1 1 ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Clier & deaf williamsper	1 DATE MAR 3 0 '61 ariling S. Kraus

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VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		3603		CERTIFICA	ATE OF DEA	TH		03598
	PLACE OF DEATH	Jashing	ton	MARYLAND	2. USUAL RESIDENCE		b. COUNTY as	e before admission)
	18 20 PM	outside corporate limit	/	O who	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL and c	ive nearest town)
И	d. NAME OF VOSPIT	AL (If not in haspital, a Maryland	State	Hospital	d. STREET ADDRE	Valley	Rd	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	San	10	Middle Parkhart	Clugsfor	4. DATE OF DEATH	Month	Day Year
5. 5	M	W	7. MARRIED N	DIVORCED [B. DATE OF BIRTY	87/ 9. AC	GE (In years IF UNDER Months yrs.	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
100	Machin	ON (Give kind af work of ing life) even if retired	dane 10b. KIND OF	BUSINESS OR INC	USTRY 17. BURTHPLACE (State of fareign country	R 12.CITI	ZEN OF WHAT COUNTRY?
	FATHER'S NAME	if Che	gstoy		Mary Mary	any -	Gers	last
1S. {Ye	WAS DECEASED EVER	R N U. S. ARMED FOR (If yes, give wor or dates of	9ES? 16. SOCIAL S ervice) 199-0	7-82190	Plao A. Cli	ugstoy.	32 godreval	low Rd mk
		TH [Enter only ane ca	use per line for (o),	(b), and (c).]				INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	as/	DIRakon	of stema	chi contei	nts	2 hozy25
	Conditions, if or gove rise to in cause (a), stating the lying couse last.	mmediale (cerebra	o-wiscii	lar accie	lent		3 weeks
FICATION	- 1		DITIONS CONTRIBU	Chronic	IN WELATED TO THE	TERMINAL DISEASE CON	NDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCUR	RED. (Enter nature of injur	ry in Port I ar Part II of	item 1B.)	
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Y Manth, Day, Yeo	While Not	CCURRED 20e. t while wark	PLACE OF INJURY (Hame, factary, street, affice bldg	, farm, , etc.)	wn) (C	county) (Stote)
	111	t (1) (this haspital ed alive an 1714				11216		that (1) (we) last date stated abave.
		iter L	Fame	(2)	M.D. ATTENDING PHYS.	MED. ST.	AFF YS.	22b. DATE SIGNED March 1, 196
	22c. PHYSICIAN'S NAME (Type)	VICTOR	L. Ran	nos, m.D	22d. ADDRESS			,
230	REMOVALASPECIFY)	N, 23b. DATE THEREO	161 23c. N	AME OF CEMETERY	OR CREMATORY	23d. LOCATION WWW	(City, town, or county)	salle Pa
24.	FUNERAL DIRECTOR	Hune	此為	ress	tte Pa DAT	REC'D BY REGISTRAR	25b. REGISTRAR'S SIG	GNATURE

2038 The first of the first the state of the first of the state of the stat with the Change of the Philosoph Course all and and A CONTRACT CONTRACT OF THE STATE OF THE STAT THE ROOM HE SHE THE SECOND STREET STREET, SAN ASSESSMENT

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH 3605 CERTIFICATE OF DEATH

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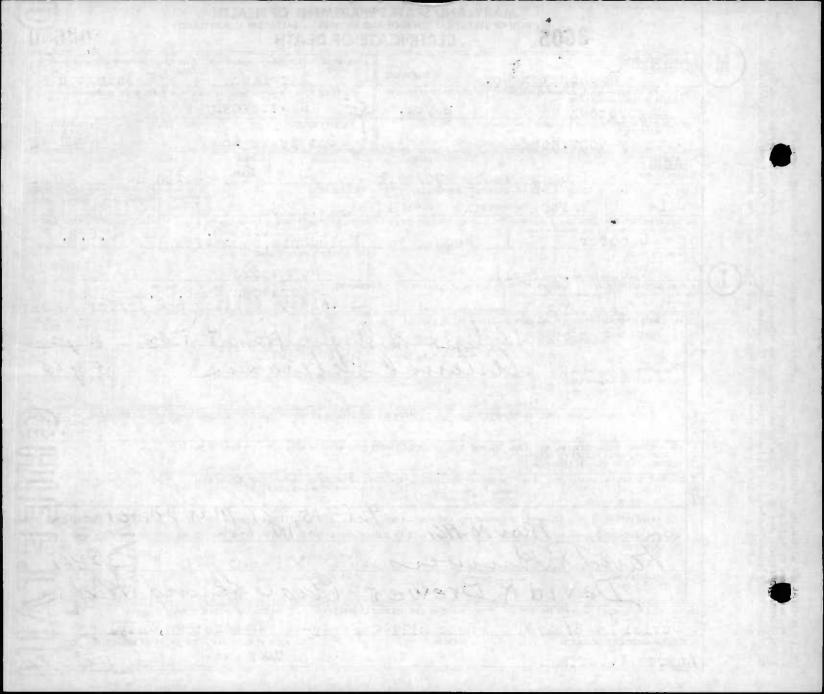
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be and by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

VR A1S (4) 1SM 9/59

1	1. PLACE OF DEATH O. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COLINTY							
1	Washington Co. MARYLAND	Maryland b. COUNTY Washington							
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Hagerstown 2 yrs.	N3 Hagerstown							
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
	Gateway Conv. Home	Intervale Road YES NO NO							
F	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year							
	(Type or print) Thomas Jacob Corwell	OF DEATH March 20 1961							
1		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
	Male White WIDOWEDXX DIVORCED	May 4 1873 last birthday) Manths Days Hours Min.							
-	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)								
1	Laborer None	Caledonia Pennsylvania							
) -	Thomas J. Corwell IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	No Record							
	(Yes, no, or unknown) (If yes, give war or dates of service)	nagerstown.wash.co.warvland							
ŀ	no no huse E hade	Mrs. Aletta Partlow 980 Jefferson Blv							
4	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	O INTERVAL BETWEEN ONSET AND DEATH							
4	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CITELIO	lerous Heart New 2 yrs							
1	420.0 DUE TO () A 1								
1	Canditions, if any, which) (b) Allerial	occeroses 3 yrs,							
	gove rise to immediate couse (a), stating the under-								
	lying cause lost. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
	<u>Y</u>	YES NO							
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)							
- 1									
1		ACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State)							
	Haur a. m. Haur a. m. While Not while tax	A A							
1	21. 1 certify that (1) (this hospital) attended the deceased from February 1961, to Mar 20, 1961, that (1) (we) last								
1		death occurred at 11Q.M., from the couses and on the dote stoted obove.							
1	220. SIGNATURE	22b.DATE							
1	Miral X Driver	M.D. PHYS. MED. STAFF PHYS. 3/22/6 SIGNED							
1	22c. PHYSICIAN'S	22d. ADDRESS)							
1	NAME (Type) / 2 VId K. Brewey	- Clear Journa Ma.							
F	23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LQCATION (City, town) or county) (State)							
	REMOVAL (Specify)	TO THE STATE OF TH							
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery Ragerstown, Maryland [25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
		MAR 2 4 '61							
F	Andrew K.Coffman	DATE MARKE 2. 4 01							



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hours after death. Page

y the funeral directar, and 2 should be filed with may be ned by the haspital ar attending physician.

5 FUNER. CARCOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24

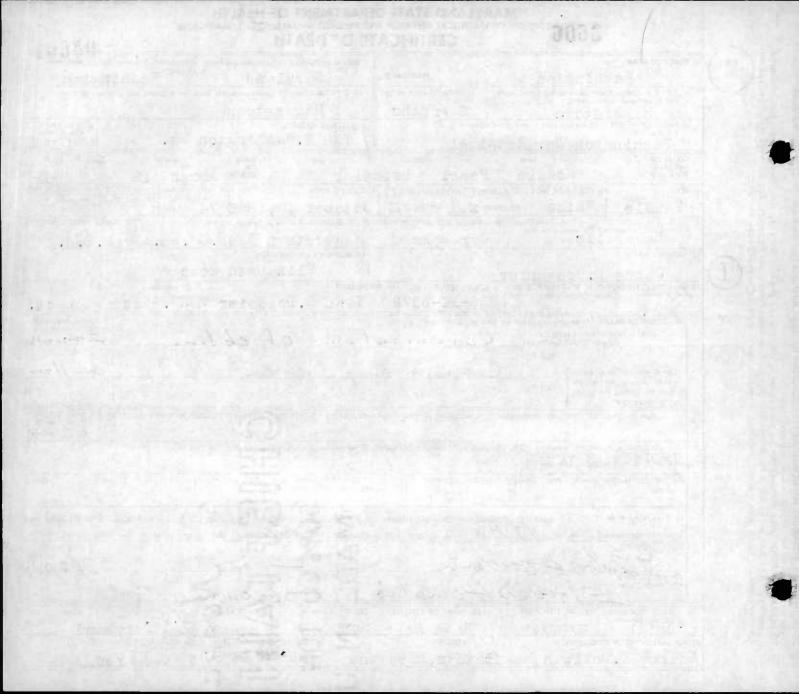
MARYLAND STATE DEPARTMENT OF HEALTH 2 CO CDIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	3000	CERTIFICA	TE OF DEATH		03601
)	1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived. If institution: b. COUNTY	Residence before odmission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	tside corporate limits, write RUR.	AL and give nearest town)
	Hagerstown	2 Months	03 Hagers	town	
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Washington Co. Hosp		7 d. STREET ADDRESS	hington St.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year
	(Type or print) Bessie	Pearl Del	osier	DEATH March	19 1961
	5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		Annths Days Hours Min.
	Female White wow	VED DIVORCED	October 18,	1886 74 yrs.	Touris Days Hoors Mill.
	10a. USUAL OCCUPATION (Give kind af work dane 10b. during most of working life, even if retired)				12. CITIZEN OF WHAT COUNTRY
	Housewife	Own Home	Hagerstown	Wash.Co.Md.	U.S.A.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	····=	
)	James D. Bragunier			beth Hose	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.			Address	
	No	320-10-3378	Iran B.Del	osier 726W.W.	ashington St.
	1B. CAUSE OF DEATH [Enter only one couse per l	ine fac (o), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carcino m.	Losis Of	chdine	2 month
	153.8 DUE TO				
	Conditions, if ony, which) (b)	- arcm -n	og cul	v 73	mry / you
	gove rise to immediate cause (a), stating the under-				
	lying couse lost. (c)				
)	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	1 IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Po	ort I or Port II of item 18.)	
	Hour a.m. While	f.	ACE OF INJURY (Home, form, octory, street, office bldg., etc.)		(County) (State
	21. I certify that (I) (this hospital) otten				
	sow the deceased alive on	196/ ond that	deoth accurred at 2741	M, fram the causes and	an the dote stated above
	100-18 has	110.1.	M.D. PHYS. MET	D. STAFF	SIGNE
1	22c. PHYSICIAN'S	1 auro	22d. ADDRESS	CIOK [] PHIS. []	1/201
Ġ	NAME (Type)	Hoachland	1 1/0	elsela	m
W	230. BURIAL, CREMATION, 23b, DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (City, town or	county) (Stote)
i,	Burial 3/22/61	Rose Hill	Cenetery	asn. Co	Laruland
-	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 256. REGISTR	RAR'S SIGNATURE
	Andrew K. Coffman Hage	rstown Marvl	14.	AR 2 4 '61	Thur 9 4

arthur & thous

Andrew K. Coffman Hagerstown, Maryland

may be I VR A1S (4) 1SM 9/59



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

A death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the special physician and completed with the funeral or attending physician and completed with the state Dept. of Health prior to burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. vithin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (13602)

1	a. COUNTY Washington	MARYLAND	a. STATE Maryla	b. COUNT	Washington Washington
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs) Hagers		RURAL and give naarest town)
	d. NAME OF HOSPITAL OR INSTITUTION (IT not Washington County)		d. STREET ADDRESS 24 Hig	h St.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) William	Middle Oscar		DATE Month OF DEATH Mar	Day Yoar 10 19 61
5	M A lul · +	ARRIED NEVER MARRIED 8	April 16,1916	last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
d	done during most of working life, even if retired) Carpenter	Ob. KIND OF BUSINESS OR INDUSTR	Hagerstown	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NÂME Charles Oscar 5. WAS DECEASED EVER IN U.S. ARMED FORCES?		14. MOTHER'S MAIDEN NAM Belva Gay		
	Yes, no, or unkown) (Iffyesgivewerordatesofservice Yes, 18. CAUSE OF DEATH [Enter only one ceuse	214-09-7258 Mr	.C.O.Derr 24 H	ligh St. Hage	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause (a) which the course of the c	restion of P.	restone-Acc	idental	2/2 Ras +
ATION	cause lest. (c)	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL (DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	146	DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED 20e. PLA While by work at work	CE OF INJURY (Home, farm, 2 2 ory, street, office bldg., etc.)	9	1 -7
	21. I certify that (I) (this hospital) as we the deceased alive on	Them	A 7/-		12, 1961, that (I) (we) last and on the date stated above. 22b. DATE
	22c. PHYSICIAN'S Frank	21.00	D. ATTENDING MED. DIRECT DIRECT PHYS. DIRECT PHYS. 22d. ADDRESS 09	tor phys	3/11/6/
_	30. BURIAL, CREMATION, PROMOTE THEREOF Burial March 13, 4 FUNERAL DIRECTOR'S SIGNATURE Rest Haven Funeral Characteristics.	23c. NAME OF CEMETERY 1961 Rest Hav ADDRESS	en Cemetery 2Sa. REC'D B	d. LOCATION (City, 10w Hagerstown Y REGISTRAR 25b. REG R 1 4 '61	Md.

e da En 7000 Washington & File debites on stone and pridate 35 M31 16 3531 A STATE OF THE STA Lassessant, I'm Christian Come year years and the Mahar Cay Palesco Here was the second of the sec 3 - 12 - 1 Samuel and Buston of the alconoline Side it laterally a series See the they down to total for y Preston to willing it with included 13 3112 1. 1.21. Lucis Tolkens 19/11/2 The second second the Figure Marked ... Mesola 12, 1981 To a little of the control of the co Yer you was in the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNER

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MARYLAND STATE DEPARTMENT OF HEALTH
BIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03603

1. PLACE OF DEATH o. COUNTY Was	shungton		MARYLAND	2. USUAL RESID	Maryla	- b	COUNTY		before odmi	V
b. CITY OR TOWN (If outside corporate limits,	write c. LENC	OTH OF STAY IN 16	c. CITY OR 1	TOWN (If outside	corporote limi	s, write RURA	L and give	nearest tow	/n)
Hagersto	own	5	months	Sabi]	llasvil	le				
OR INSTITUTION	rat (If not in hospitol, give Maryland St		ospital	d. STREET A	DDRESS		OX	-2	ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ANNH	7	Middle ELIDABLE	ETH E	131/ 0		Month MARC	H	Doy 5	Year 1961
s. sex Female	Tilbita	MARRIED N	DIVORCED _	B. DATE OF BIRTI	1, 1881	9. AGE		Onths Da	YEAR IF UND Days Hours	
desire	ON (Give kind of work dor king life, even if retired)			STRY 11. BIRTHPL	ACE (State or fore	eign country)	1		N OF WHAT	
Housewife		Own	Home	Mar	ryland			U	J.S.A	•
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME					
James A	. Shields				Marga	ret M	filler			
1S. WAS DECEASED EVE (Yes no. or unknown)	R IN U. S. ARMED FORCE (If yes, give wor or dates of servi		. 2.4	os. Fran	ık Cumm	ings	9011"			Md.
	ATH [Enter only one cause	per line for (a)	, (b), ond (c).]	News to	STATUTE OF		780-1		INTERVAL B	
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	L0131	ULAR	PNE	U140.	NIA			401	775
18	DUE TO							233		
Conditions, if o	ny, which) (b)	CARC	INO 1419	OF	BLAD	DEK			17 1	ONTH
gove rise to i								200		
lying couse lost.) (c)_									
CATIC	HER SIGNIFICANT CONDI	TIONS <u>CONTRIBL</u>	JTING TO DEATH BU	T NOT RELATED TO) THE TERMINAL D	ISEASE COND	ITION GIVEN I	N PART 1	PERF	AUTOPSY ORMED?
200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HO	OW INJURY OCCURRI	ED. (Enter nature o	f injury in Port I o	or Port II of ite	m 1B.)	This		
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Year 19			LACE OF INJURY (actory, street, office		. (City or town)	(Cou	nty)	(Stote)
21. I certify that (1) (this haspital) attended the deceased fram DEC 16 , 1961, to MBRIN 5 , 1961, that (1) (see last										
					d at 1/2 5M, f	ram the ca	uses and a	in the d	late state	d abave.
saw the deceased alive an MIRSEL 5 1961, and that death accurred at 125M, from the causes and an the 220. SIGNATURE							7		2b. DATE SIGNED	
Attended I Tollogis M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.									0101120	
22c. PHYSICIAN'S NAME (Type)	NIO VI. PA.	LLHER	051	22d. ADDRI	PENNSY	16 VHZ	IN AVE	= HA	CERS	Town
230. BURIAL, CREMATIC	3-8-61		AME OF CEMETERY CABULATERY		23d. 1	LOCATION (CI			Fred	
345 FUNERAL DIRECTOR	'S SIGNATURE	AD	DORESS	mant h	250. REC'D BY R	REGISTRAR	25b. REGISTRA			10
aymon	& G. Torea	ger	Thur	emont, I	DATE MAR	1 0 '61	ant	Lun S.	Kraue	
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8008 641350 THE LAND The said terms there are not selling the little of the lit THE RESERVE OF THE REAL PROPERTY.

MURALA

OR INSTITUTION WEST COUNTY HOSPITAL 1032 SO COLONIAL Drive ON A FAI VEST MARKED SO DE 19 S	(13604	TE OF DEATH	CERTIFICA	3609				
ENGRIPHOR STAY IN 16 B. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) REAL and green served town) Hard of the property of t	L COUNTY	q. STATE	MARYLAND	on	COUNTY	1. P	M)	(
d. NAME OF HOSPITAL (If not in hospital, give street address) Wesh County Hospital 1032 So Colonial Drive c. Is resident to the investment of the inve	corporate limits, write RURAL and give nearest town)	100		foutside corporate limits, write corest town)	. CITY OR TOWN (RURAL ond give n	b		-
3. NAME OF DECEASE OF DECEASE OF PIRIT STATE AND ARCHARGE OF DECEASE OF DECEA	e. IS RESIDENCE	d. STREET ADDRESS			. NAME OF HOSPI	c	81	8
DECRASED Solid So				unty Hospita				
S. SEX COLOR OR RACE MARRIED NOTE OF BIRTH NOTH BIRTHFLACE (Stote or foreign country) Month NOTE OF BIRTH NOTH BIRTHFLACE (Stote or foreign country) Month NOTE OF BIRTH NOTH BIRTHFLACE (Stote or foreign country) NOTE OF BIRTH NOTE OF BI	ATH March 11 1961 19	ELGIN	MARGARET	EMER	Type or print)	(orn.
100. USUAL OCCUPATION (Give kind of work done) 100. Address 110. BRITHPLACE (State or foreign country) 111. BRITHPLACE (State or foreign country) 112. BRITHPLACE (State or foreign country) 113. FATHER'S NAME 114. MOTHER'S MAIDEN NAME 115. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. INFORMANT 118. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 119. INFORMANT 110. INFORMAN	9. AGE (In years lost birthdoy) Months Days Hours Min.					S. S)	le o
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Wolfensberger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Cameron E. Eigin 1032 So Colonial 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1619. WAS AUTTORY TO SEE THE STORY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1619. WAS AUTTORY 200. ACCIDENT WAS UNDERLYING TORD DEATH HOUR OWNER. 200. TIME OF INJURY MEDICAL EXAMINER) 200. TIME OF INJURY MEDICAL EXAMINER. 200. INJURY OCCURRED TOWNER. While Not while of work Towner. While Not while of work Towner.	TT CLA			ring life, even if retired)	during most of wor	10a.	1	L L
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse per line for (e), (b), and (c). Hagers town I.d. INTERVAL BETWO ONSET AND DE. INTERVAL BETWO O			n-12-11			13.		7/ 4
Test of the part							113	NITIN NITIN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 19. WAS AUTOPERSORME YES NO POR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year Moith of work of work of work of work of work of otwork of work of wo				R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	, no, or unknown)			event,
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Second	Jean	JC 14745	1/27 3 -10	mmediate DUE TO	gove rise to i			NDE.
PERFORM YES N 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of wor	Jan	27/16-	typerte	(c)	lying couse lost.			
20c. TIME OF INJURY Month, Doy, Year White Not while of work o	ISEASE CONDITION GIVEN IN PART 165, 19. WAS AUTOPSY PERFORMED? YES \(\bigcap \text{NO} \)	IT NOT RELATED TO THE TERMINAL	CONTRIBUTING TO DEATH BU	er significant conditions	PART II. OT	CATION	0	arian, c
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saw the deceased olive an 1961, and that death accurred at 3AM, from the couses and on the date stated at 225.01	rom the couses and on the date stoted above. 22b.DATE	deoth accurred at JAM,	19_6/, ond that	sed olive an / 4 Mars			1	E D
ATTENDING MED. STAFF PHYS. STAFF PHYS. STAFF	STAFF SIGNED		ochlade	Odons Ho	(8)			d of or
NAME (Type) I den DH ouch links Hos explus med	21 from mest	e H-6-5 ce	Hoach lone	Eldin Di	NAME (Type)		5.	е Боат
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stole) Removal (Specify) Burial 3/13/61 Rose Hill Cemetery Hagerstown Wesh Co 1d	OCATION (City, town, or county) (Stote)	OR CREMATORY 23d	23c. NAME OF CEMETERY	N, 23b. DATE THEREOF	BURIAL, CREMATIC	23a	10	ō
250. REC'D RY REGISTRAR 250. REGISTRAR 250. REGISTRAR'S SIGNATURE		O	77	11 /9 17 / 00				7
Andrew K. Coffman Hagerstown and. Date MAR 15'61 Orthur S. Kraus	FGISTRAR 256 REGISTRAR'S SIGNATURE	Cenetery H		3/13/61		24.	9	The St

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TO FUNER TO HOSPIT

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	2610	CERTIFICA	TE OF DEATH	e t, maktenies	03605
1	PLACE OF DEATH		2. USUAL RESIDENCE (Where de	eceased lived. If institution, R	esidence before admission)
	O. COUNTY WASHINGTON	MARYLAND	O. STATE MARYLAN	b. CQUNTY	+ LNGTOIV
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	carporate limits, write RURAL	and give nearest tawn)
	HAGERSTOWN	3 WEEKS	Mr.	FNA	
	d. NAME OF HOSPITAL (If not in haspital, give street	address)	d STREET ADDRESS	12/1/1	e. IS RESIDENCE
II.	WASH, CO, Has	PITAL	BOONSBORD	MD. R.2	YES NO
3.	NAME OF First DECEASED	Middle		ATE Manth	Day Year
	(Type or print)	WITAUL	-UISKO	DEATH MAKCH -	-10- 1961
S.	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		nths Days Haurs Min.
L	MALE WHITE WIDOWE	A -	TEB-5-1883	3 78 yrs.	15
100	D. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or for	reign country)*	2. CITIZEN OF WHAT COUNTRY
L	L-HIBORIEIL	TARM.	MT.LENA WI	ASH, CO. MP.	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
1	SALAMAN FAM	DERS	MARTH	A COX	
		SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
(Ye	(If yes, give war or dates of service)	VANE TO	10 512 John 01 12	· Parces	Mn 12 3
=	In CAUCE OF DEATH (5.		OCER TAULDER	S DOONSB	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ne far (a), (b), and (c).	Librian .		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	1 minany	Tu relation		1-ac
	7 DUE TO	1 1	1. 0	,	
	Conditions, if any, which) (b)	Merinder	otre along	desease	1/2
	gave rise to immediate DUE TO		ALC: A STATE OF THE STATE OF TH		0
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z	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN II	PART I(a) 19. WAS AUTOPS
Ę	Lluodena		Jan 1 -		PERFORMED?
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CERTI	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESC OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I	Opport II of Item 16.)	
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20	f. (City ar tawn)	(Caunty) (State
MEDICA	Haur a.m. While		ctary, street, affice bldg., etc.)	r. (City or town)	(Caunty) (State
M.	p. m. 19 at war	k at wark			THE REAL PROPERTY.
	21. I certify that (I) (this haspital) attend	led the deceased fram	19	to Marchijo	19 6 / that (1) (we) las
		4 10 19 6/, and that	4 000		n the date stated above
	22a. SIGNATURE				22b. DATE
	autharison	N MIS	M.D. ATTENDING MED.	OR PHYS.	SIGNE
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
	Traine (1)pe)				
236	BURIAL, CREMATION, 236, DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY 23d	LOCATION (City, tawn, ar ca	unty) (State)
1	REMOVAL (Specify)	MITIENA	E METER 12:1 M	TIENO MAC	1 Ca aus
2:	FINEDAL DISECTOR'S SIGNATURE	ADDRESS	NIE IT-IX	REGISTRAR 25b. REGISTRA	O'S SIGNATURE
24.	FUNERAL DIRECTOR'S SIGNATURE)	N/D	4 1 1	ing S. House
1	Jacon H. March	DOONSBORD	MAR. DATE MAR	15'61 and	A. I Viene

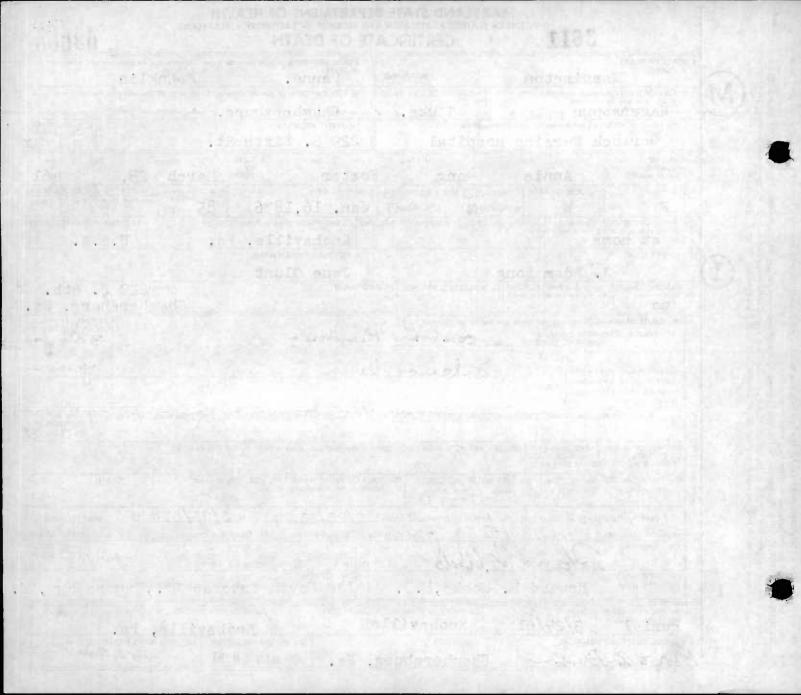
4100 WATER BLAND GREETSTEEL TO THE METERS OF THE STATE OF THE QUAR GLORINGS - PRODUCT DECOLORS SINK Marine Commence of the Commenc A Commercial Commercia And the state of the state of the state is not

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		2011		CERTIFI	CATE	OF DE	ATH				()3(506
1.	PLACE OF DEATH o. COUNTY WE	shington		MARYL	AND 2.	USUAL RESIDI	ENCE (Who	ere deceased	lived. If institu	nklir		ission)
	b. CITY OR TOWN (IF RURAL and give nec	grest town)	ts, write	c. LENGTH OF STAY IF				otside corpore	ote limits, write	RURAL ond	give nearest to	wn)
	d. NAME OF HOSPITA OR INSTITUTION Garlo	ck Nursin				d. STREET AD	DRESS	xth S		7 52	ON	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Annie		Long	Fo	ster		4. DATE OF DEATH	March	onth 25,	Day	Yeor 1961
5.	SEX F	6. COLOR OR RACE	7. MARR	DIVORCED		an. 16	5,18	76	9. AGE (In year last birthdoy) 95 yr	Months	Doys Hour	
L	at hon	ng life, even if retired	done 10b.	KIND OF BUSINESS OR		Knobs	vill	le, P			J.S.A.	COUNTRY
13	FATHER'S NAME	. Adam L	ong		1	Jane						
		IN U. S. ARMED FOR f yes, give war or dates of s		SOCIAL SECURITY NO.	17, INFOR	RMANT				amber	S. 6	
		TH [Enter only one co 'H WAS CAUSED BY: IMMEDIATE CAUSE (c		careline	. the	unlus					INTERVAL ONSET AN	BETWEEN
	Conditions, if on gove rise to in couse (o), stoting the lying couse lost.	mediote Dus To)	arterio	s cle	m					yo.	us
FICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION	GIVEN IN PAI	PER	S AUTOPSY FORMED?
CERT	OR CONTRIBUTING	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (E	inter noture of	injury in F	Port I or Port	II of item 1B.)		1	
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While	NJURY OCCURRED Not while t of work	20e. PLACE foctory	OF INJURY (H , street, office	ome, farm bldg., etc.	, 20f. (City	or town)		(County)	(Stote)
	21. I certify that	7/6) attend 25/6	led the deceased f								
3	22o. SIGNATURE	Hours	0 m	Webs	M.D.			D. RECTOR	STAFF PHYS.	3	/27/61	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Howard	N. 1	Weeks, M.D		22d. ADDRES 136 N		Poto	mac Si	t.,Ha	gersto	wn , M
23	Bo. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	3/29/6	_	23c. NAME OF CEMENT Knobsvi		REMATORY			ION (City, town			tote)
24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS Chambanahi	1122			AR 2 9	RAR 25b. REG	GISTRAR'S S		



MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH** AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLE CERTIFICATE OF DEATH 3612 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a. COUNTY Washington Washington a. STATE Maryland b. COUNTY MARYLAND the 12 by the and 2 death. b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (It outside corporate limits, wr RURAL and give naarest town) c. LENGTH OF STAY IN 15 write RURAL end give nearest town) Hagerstown Life Hagerstown .= -Pages urs afte d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) OULS Avalon Manor 36 Broadway papers NAME OF 4. DATE Middle DECEASED OF Cornelia Orrick Funkhouser (Type or print) DEATH carbon withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH last birthday) Months Female WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Hagerstown, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Lewis J. Orrick Annie Hieronimus 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Then (Yes, no, or unkown) | (Ifyesgivewar or dates of service) Lewis Funkhouser Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PHYSICinguistry the hospital or after this certificate has buri PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION Se o Urlereoschrolic prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached for 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, offica bldg., etc.) While Not While Hour a.m. 40 at work at work 21. | certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on ... Mar. 1 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S

director, I OL VR A15 (4) 15M 9/60

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physici

attending

23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Burial

NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

23d. LOCATION (City, town or county

e. IS RESIDENCE

YES NO.

19 6]

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO V

(State)

(State)

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Dave

U.S.A.

ON A FARM?

ADDRESS Rouzer Funeral Home Hagerstown, Md. 25a. REC'D BY REGISTRAR 25b

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· Marie Brown Brown

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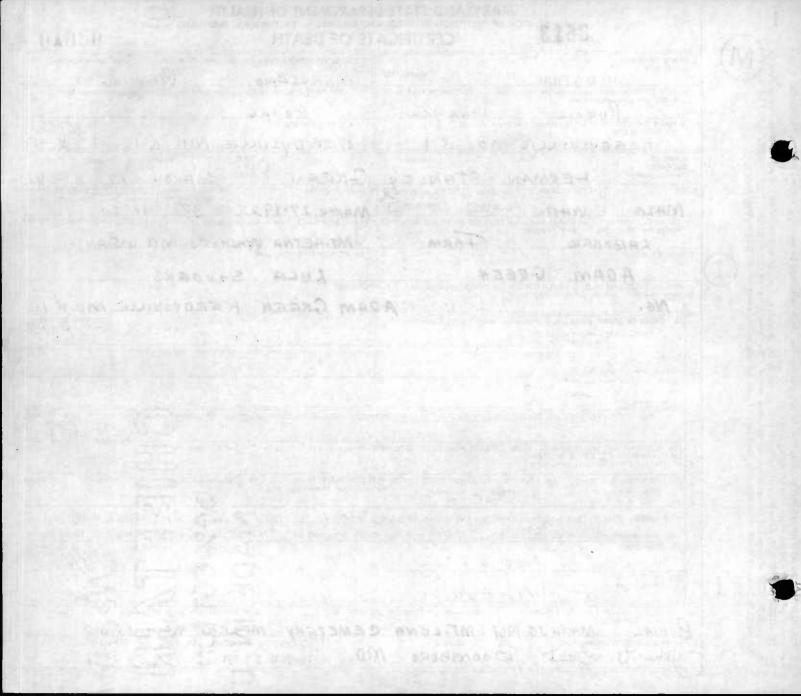
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MARYLAND STATE DEPARTMENT OF HEALTH 3613 VISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03610

	1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY WASHING TOW
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION HEED US VILLE MD. 17	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES ON NO [
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) HERMAN STANLEY	CREEN DEATH MARCH, 17, 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	IOST DIFFINGRY Months Davis Maries Atio
	MALE WHITE WIDOWED DIVORCED	MARCH 27-1922 38 yrs 11 20
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
	13. FATHER'S NAME +ARM.	MT-AETNA WASH CO. IVID U.S.A.
	ADDM GREEN	1 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
		DAM GREEN KEEDYSVILLE MO.R./
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	e Vever Henry 25400
	416× DUE TO	
	Conditions, if ony, which (b)	
	gove rise to immediate couse (a), stating the <u>under</u>	
	lying couse lost. (c)	
	CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 1B.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work 19 of work 19	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stot ctory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on March 1961, and that	death accorded as A.M., from the causes and on the date stoted above
	220. SIGNATURE AND KILL ON	M.D. PHYS. MED. STAFF DIRECTOR PHYS. 3/8/6/8/196/196/196/196/196/196/196/196/196/196
	22c. PHYSICIAN'S NAME (Type) G. Wihelan	1000 molow, And
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	BURIAL MARCH 20-1961 MT. LIENA	CEMETIERY MT.LENA WASH. CO.MO.
	21. FUNERAL DIRECTOR'S SHONATURE BOOKS BORD 1	250' REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
, (D. 10 001 10 0018300168 1	DATEMAR 21 '61 arily 8, Krous



after death. Page 4

HOSPITAL

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shauld le Board	22c. PHYSICIAN NAME (Typ
o FUNE	230. BURIAL, CREMA
page 3	REMOVAL (Spe
the Stat	Burial

Subject of Pearly County Washington Maryland County Washington Maryland County Washington County County County County Washington County County County County County County Washington County		3014	CEKTIFICA	ATE OF DE	AIII D	r Harrisc	n &	Keadle
STORY OF TOWN IN CONTROL (INC.) WITH SUBSTITUTE S. LENDHO STATUT IS C. CITT OR TOWN IN CONTROL (COURTED LIMITS, write RUBAL and give nearest fown) 22 HTs. S. R. TYSBUTG Rt. #1 S. R. STYSBUTG RT. #1 S. R. STYS	1.	PLACE OF DEATH			NCE (Where deceased I	ived. If institution: Res	sidence befa	re admission)
RUBAL ONG give recreat lower) Hagerstown A NAME OF HOSPITAL (if not in hospital, give street oddress) A STREET ADDRESS C. S		Washington	MARYLAND	a. STATE	aryland	b. COUNTY WE	ashin	gon
ANALO SPIGNAL (If not in hospito), give street odderest) OR INSTITUTION Washington Co., Hospital Made of Detail Detail Made of Detail March 27 Made of Detail March 27 Made of Detail March 27 Made of Detail March 27 March 27 March 27 March 27 March 27 Made of Detail March 27 March		 CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If autside carpora	te limits, write RURAL	and give nec	arest town)
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Washington Co, Hospital Paylors Landing Yes No		d. NAME OF HOSPITAL (If not in haspital, give stre	eet address)	d. STREET ADI	RESS			e. IS RESIDENCE ON A FARM?
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L. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2. DATE OF BIRTH 9. AGE (in year later birthday) yr. 2. AGE (in year) yr. 2. AGE (in yea		DECEASED		Last	OF	Manth	Do	y Year
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DUSANCEUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTY 11. BIRTHPLACE (State or foreign country) DO USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTY 11. BIRTHPLACE (State or foreign country) NO ne 3. FATHER'S NAME Earl Griffith 5. WAS DECEASED EVER IN U. S. ARMEE PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. OR CONTRIBUTION (G). PART II. DEATH WAS CAUSED BY. OR CONTRIBUTION (C). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED YES) NO. OR CONTRIBUTION (C) ALSE OF DEATH (EITHER ONLY OCCURRED) OR CONTRIBUTION (C) ALSE OF DEATH (I) (F) (T) (T) (T) (T) (T) (T) (T) (T) (T) (T	5. 3	SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9.	1 1 1 1 1 1 1		
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SWAS DECEASED EVER IN U. S. ARMED FORCES? The convention of the property of th	3.	FATHER'S NAME		14. MOTHER'S M	AIDEN NAME			
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IB. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).] Taylors Landing INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSE BY ONSET AND DEATH Canditians, if only, which gove rise to immediate cause (a), stoling the under lying couse last. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP. WAS AUTOPSY PERFORMACED PROBLEM			16. SOCIAL SECURITY NO. 17.	INFORMANT		Address		
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Haur a. m. 19	CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	KED. (Enter nature at a	njury in Part I ar Part I	i ar item 10.)		
21. I certify that (I) (this haspital) attended the deceased fram. Murch 24. 19. 61. to mark 27. 1961, that (I) (we) last saw the deceased alive an Murch 27. 1961, and that death accurred at 32 M, fram the causes and an the date stated abave. 22a. SIGNATURE 22b. DATE 22c. PHYSICIAN'S NAME (Type) Paul Harrison 22d. ADDRESS NAME (Type) Paul Harrison 23d. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 23d. LOCATION (City, tawn, or county) (State) RESPONSE TO MARCH 12 Mark 12 Sh. REGISTRAR'S SIGNATURE 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	CAL					r tawn)	(Caunty)	(State)
21. I certify that (I) (this haspital) attended the deceased fram. March 24. 19 61. to march 27, 1961, that (I) (we) last saw the deceased alive an March 2719 61. and that death accurred at 3 M, fram the causes and an the date stated abave. 22a. SIGNATURE 22b. DATE 12c. PHYSICIAN'S NAME (Type) Paul Harrison 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 23d. LOCATION (City, tawn, or county) 23d. LOCATION (City, tawn, or county) 23d. LOCATION (City, tawn, or county) 24. FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR'S SIGNATURE	MEDI	10	IIC INUI WINE	ractary, street, affice t	idg., etc.)			
saw the deceased alive an	-			Murch 2	6 10 61 to 7	h web 27 1	106/ 11	nat (I) (wa) last
22d. SIGNATURE 22d. SIGNATURE M.D. ATTENDING MED. DIRECTOR STAFF PHYS. 3/27/6/ 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 318 No Potomac St Hagerstown Id. 33d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 3/28/61 Rose Hill Cenetery 4. FUNERAL DIRECTOR'S SIGNATURE 22b. DATE BLOCK PHYS. 3/27/6/ ATTENDING MED. STAFF PHYS. 3/27/6/ 3/27/6/ 3/28/61 Pose Hill Cenetery 22d. ADDRESS 23d. LOCATION (City, town, or county) 4. FUNERAL DIRECTOR'S SIGNATURE 22b. DATE 3/27/6/ 3/28/61 Rose Hill Cenetery 23d. LOCATION (City, town, or county) 4. FUNERAL DIRECTOR'S SIGNATURE 25d. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE								
ALL PHYS.				33337752	A	TO GOOD GIVE GIVE	1110 0010	22b. DATE
NAME (Type Paul Harrison 318 No Potomac St Hagerstown Md. 30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 3/28/61 Rose Hill Cemetery Hagerstown Wash Co Md. 4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		Paul Harrison	- m5	M.D. ATTENDING	MED.		3	3/27/6/
Dr Paul Harrison 318 No Potomac St Hagerstown I.d. 30. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) (State) Burial 3/28/61 Rose Hill Cemetery Hagerstown Wash Co Md. 4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE				22d. ADDRES				
Burial 3/28/61 Rose Hill Cenetery Hagerstown Wash Co Md. 4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		Dr Paul Harri	lson	318 N	o Potomac	St Hage	rstov	m Md.
Burial 3/28/61 Rose Hill Cenetery Hagerstown Wash Co Md. 4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR' SIGNATURE	230		23c. NAME OF CEMETERY	OR CREMATORY				
4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE	F	REMOVAL (Specify)	Rose Hill C	eretery	Hager	stown Was	sh Co	Md
Andrew K. Coffman Hagerstown Md. DATE MAR 2 9 161 Outling & thous							'S SIGNATU	
		Andrew K. Coffman H	lagerstown Md		NATE MAR 2 9 '6	1 Outhur	7 8. Kus	us

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FOR STATE HEALTH DEPT.

lay is necessary, reral director. Page ned for your Nes. TO DEF THE DICAL EXAMINER: This certificate should be executed within 24 hours after death. If at please the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the carried a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Bos TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Bos TO FUNERAL DIRECTOR: A hours of the remation, or removal, and in any event, within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	3613MED	DICAL EX	KAMINER'S	CERTIF	CAT	E OF L	DEATH		03	611	
1.	PLACE OF DEATH				ESIDENC	E (Where dec		institution: Residen	ce before a	dmission)	
	Washington	n	MARYLAND	e. STATE	Ma	ryland	d b. coun	Washi	ngto	n	
	 CITY OR TOWN (if outside corporete limi write RUBAL end give neerest town) 	rs, c. LE	ENGTH OF STAY IN 16	c. CITY OR	TOWN (If	outside corpor	rete limits, write	RURAL and give	neerest town	n)	
	Hagerstown		66 years	03		gerst	own		3111		
	d. NAME OF HOSPITAL OR INSTITUTION (-	d. STREET A						SIDENCE FARM?	
		rospect	St.	278	S.		ect St	•	YES [
3.	NAME OF First DECEASED		Middle	Last	1	4. DATE OF	Month		Yeer		
		derick	Griffit			DEATH	March	24	17		
5.	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED B	DATE OF BIRTH	16.00		AGE (In years lest birthdey)	Months Deys	Hours	24 HRS. Min.	
- 00	Male White	WIDOWED [Feb. 17	/	/	57 yrs.				
do	 USUAL OCCUPATION (Give kind of work one during most of working life, even if retire 	d)	BUNNESS OF TOPER	11. BIRTHPLA	CE (Stete o	or foreign coun	try)	12. CITIZEN O	F WHAT C	OUNTRY?	
	aborer self emplo	yed wir	ndow			own,	Md.				
13.	FATHER'S NAME			14. MOTHER'S							
45	John H. Griffi			1	Cath	erine	Burgu	r			
	WAS DECEASED EVER IN U.S. ARMED FOR es, no, or unknown) (If yes give we rordetes of second se										
	A CHILD OF BERMY Process	220-	09-9090 _{Mr}	s. Lula	Α.	Griffi	ith Wa	shingto	n D.	C.	
	1B. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY:	cause per line for	(a), (b), and (c).]				,	0)	ERVAL BETY		
	IMMEDIATE CAUSE (6)	pheu	moula.	- due	. Y-c	2 asp	isated	15 2	4-31	Elm	
	DUE TO		1000 14					2119914			
14	Conditions, if eny, which geve rise to immediate cause	af	Welm I Ta	٥.							
-	(a), stelling the underlying DUETO										
7	cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY										
OLL	41	PERFORMED?									
FICA			W INJURY OCCURED.			Lor Part II of it	tem 18 1		YES 1	NO [
CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	OD. DESCRIBE NO	W INSORT OCCURED. (Ellior floro or filipo	,,,,	1017011110111	10.7				
-	20c. TIME OF INJURY Month, Day, Ye	er 20d. INJURY	OCCURRED 200. PLA	CE OF INJURY (H	ome, farm.	. ' 20f. (City o	or town)	(County)	-	State)	
MEDICAL	Hour a.m.	While N		ory, street, office b				(000),		Diaroj	
×	21. I certify that I took charge of		Lad I	ld an Autonsy		Inspection [, Inquir	200	in my or	-inian	
	death resulted from: Natural ca		ccident . Suic		micide [etermined m		in my op	intion	
Ö	Cookin resulted from: Natural Co	()	ecident, suic			XAMINER T	otorminod in				
	ACTUAL SOLL ()	1 8 /18	1/2 111			CAL EXAMINER		D	ATE SIGI	NED	
	SIGNATURE COULT	5.0011	0111	A COEPUTY			1		2/2 11	1	
	Examiner's Edward W	. Ditto	111, M.			ity, town, or co	ounty)		100/	6)	
220	BURIAL, CREMATION, 22b. DATE THERE REMOVAL (Specify)	OF 22c.	NAME OF CEMETERY OF				ON (City, town,	or country)	(Stete	1)	
	Burial 3-27-61	. F	Rose Hill	Cemeter	ry	Hae	ersto	wn. Md			
_	FUNERAL DIRECTOR	A	DDRESS	2	24e. REC'	D BY REGISTRA	R 24b. REGI	STRAR'S SIGNATU	JRE		
S	cott F. Minnich &	Son H	agerstown	. Md.	144	n 2 0 1c1	0	-1 - 0 4			

DATE MAR 2 8 '61

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A STATE OF THE STA . with . mag resigned to the body benefit of the to the service gon-ug-good no. Lite & Arranta has hear ton D. C AND THE RESERVE OF THE PARTY OF

TO HOSPITA may be

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 3616

03609

o. COUNTY Was	hington	MARYLAND	2. USUAL RESIDENCE (WH	land b. COUNTY	Residence before admission) Washington
b. CITY OR TOWN (If aut RURAL and give neares Dargan		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Dargar	outside corporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (OR INSTITUTION	f not in hospital, give st esidence	reet address)	d. STREET ADDRESS River R	oad	e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print)	ESSIE ESSIE	Middle LEE	GRIMM	4. DATE Month OF DEATH March	26, Day Yeor 1961
_		MARRIED NEVER MARRIED OWED MONTH	Sept. 11,		FUNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
Housewife	Give kind of work done life, even if retired)	106. KIND OF BUSINESS OR INDU	Dargan,	Maryland	12. CITIZEN OF WHAT COUNTRY?
Christophe	r Columbu	s Hanes	Margaret	Katherine My	vers
1S. WAS DECEASED EVER IN IYes no. or unknown) (If ye	U. S. ARMED FORCES? None	None RF		Edwin Kellet rs Ferry, Wes	
Canditions, if any, gave rise to immucouse (o), stating the lying couse lost. PART II. OTHER:	odiote under- DUE TO (c)	NS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	, INAL DISEASE CONDITION GIVEN	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 12
PART II. OTHER S 20a. ACCIDENT WAS U OR CONTRIBUTING III FEITHER, NOTIFY MEET 20c. TIME OF INJURY	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE			15-11
Haur a.m.	w	Od. INJURY OCCURRED 20e. Pl hile Nat while fa work at work	ACE OF INJURY (Home, farm actory, street, office bldg., etc	.) City or fawn)	(Caunty) (State)
	alive an Affilia	rended the deceased from. 19/2/ and that the second from the	death accurred at 6:		an the date stated abave. 22b. DATE SIGNED
REMOVAL (Specify)	23b. DATE THEREOF 3/29/61		or Cemetery	23d. LOCATION (City, town, or Samples Manc	or, Md.
24. FUNERAY DIRECTOR'S SI	GNATURES	ADDRESHarper West		100 3 161	RAR'S SIGNATURE

		STATE OF CASE AN		
			2010	
1.00 (1.25)				
	Sept. 11, 11 (198)			
	burdens University			
	THE RESIDENCE OF THE PARTY OF			
ay a	Marie and Marie			
			e Negations (Ma	
1000	de la	SAGUAL SERVICE	Dalam Maria	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after death.

10 FULLERAL DIRECTOR: After this certificate has been signed by the attending physician and complement filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

15M 9/60

MARYLAND	STATE DEPARTMENT	OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	3617	CERTIFICAT	E OF DEATH			03619
1.	PLACE OF DEATH a. COUNTY			CE (Where decessed lived, If		nce before edmission)
1	Washington	MARYLAND	e. STATE Mary	land b. cour		
	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporete limits, write	RURAL end give	not on
1	write RURAL and give neerest fown) Hagerstown	5 month				
1-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		X Sharpsh	om. g.		e. IS RESIDENCE
1	Washington County Hosp		1	α.		ON A FARM?
	NAME OF First	Middle	216 Main	Street Month	n Den	YES NO Y
1 "	DECEASED	Con		OF		/-
-	refuller The		iney	DEATH Marc		19 61
	7. MARKIE		DATE OF BIRTH	9. AGE (In years Jast birthday)	Months Days	IF UNDER 24 HRS.
	emale White whows		an. 19 191	5 46 yrs.	2 2	
10 d	one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or loreign country)	12. CITIZEN	OF WHAT COUNTRY
1	raduate Nurse	ospital	Middlesb	oro Ka.	U.S.	A
13	. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	Zachary T. Ralston		Kather	rine C. Viz	e	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. I			lin St.	
1,,	7.7	0 34 0880 Mr	Joseph G	uincy Sharps	TII DU.	a
-	18. CAUSE OF DEATH [Enter only one cause per li			arriol pilor. DE	11	NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	testatic	Paker		0	INSET AND DEATH
	15150	00012110	Carcia	nome		7 20.
	Conditions, if any, which	1-0.	. 1	11.25		5 ma
		ercinon	c of c	very		JINO
	(a), steting the underlying DUE TO		V			
1	cause lest. (c)	TRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMIN	AL DISEASE CONDITION ON	CENT INT DA DY 1(-)	10 WAS ALITORSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	INBUTING TO DEATH BUT NO	I KEENIED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART I(a)	19. WAS AUTOPSY PERFORMED
₹						YES NO
RTIF	OR CONTRIBUTING TO CAUSE OF DEATH	CRIBE HOW INJURY OCCURED	(Enter neture of injury in	Pert I or Pert II of item 1B.)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. I		CE OF INJURY (Home, farm bry, street, office bldg., etc.		(County)	(Stete)
MEC	p.m. 19 et work					
	21. I certify that (i) (this hespital) attend	led the deceased from	Dec .9	1960 to Merch 1	1. 196/	that (I) (we) les
	saw the deceased alive on Merch	A 4				
	22. SUSTRATUR	1.4				22b. DATE
	MI C. II	M	numer (NO) n	AED. STAFF		2/2 SIGNED
	222. PHYSIOIAN'S	Cr.	22d. ADDRESS	• '	1	31746
	NAME (Type)	HOFFm	214	K. Potom	5222	
73	BURIAL, CREMATION, 236. DATE THEREOF	3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(State)
	REMOVAL (Specify) Burial 3-24-61	Mt. View Ce		Sharpsburg		,/
	SUNTERAL DIRECTOR'S SIGNATURE	ADDRESS +		C'D BY REGISTRAR 25b. REG		ATIIDE
124	1000 d 2001	Viamoin 5		The second secon	SISTRAK S SIGN/	ATOKL.
1	mount of war	- honder	DATEMA	R24'61 a	thing & the	

THE PARTY OF THE P A CADA C LA SER SERVER LEGAL MARY TO THE TOTAL OF THE PROPERTY OF THE PROPE CONT. C ... 6 MILLS OF 1 30 50 FIFTH ST. M. SHIE WIND Y TEXT THE ASSESSED TEXT The late of the second alxla A LIGHT HE FIRE From - 214 H DELCHILLE The state of the second of the MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3618

03613

	1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE A COUNTY
j	Wash, Co. MARYLAND	O. STATE MA THE POLL TO B. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If buiside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town) Dichards part 2 day 5-	Baltimore 3101-
	d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	Sor institution Canitavium	35.5. MONASTERY AVE. YES NOW
3	3. NAME OF First Middle	Last 4. DATE Month Day Year
	DECEASED (Type or print)	OF MARKETIN MARKET TO THE STATE OF THE STATE
	Crarde	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	1 A COLLEGE MARKET DE LA COLLE	last birthday) Manths Days Hours Min.
)	MIGGE	NOV. 18, 1879 STYLL STYL
	106. USDAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ARTIST DESIGNER FLAGBANNER YPENNAN	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOHN T. HANCOCK	ANNIE L. POPE
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IF	NFORMANT RICHMONDHILL 18 Address HEW YORK
	NO	R. ELMER G. HANCOCK 9149-111th, ST.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	OCC 125 CA SONSET AND DEATH
	LA S DUE TO	
	Conditions if any which	
	gove rise to immediate	
	luine course lead	
	1 (-)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO DR
-		D. (Enter noture of injury in Part I or Port II of item 18.)
,	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF DEATH 20b. TESCRIBE HOW INJURY OCCURRE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OFFI	b. (cities notice or injury in Part 1 of Port it of New York
	20c. TIME OF INJURY, Manth, Day, Year 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
	10	ctory, street, office-bldg., etc.)
	p. m. 19 at wark at wark	2 2 11 2-2 11 8
	21. I certify that (I) (this haspital) attended the deceased fram.	1128-
		death accurred at M, fram the causes and an the date stated above.
	290. SIGNATURE	ATTENDING 2 MED. STAFF SIGNED
		M.D. PHYS. DIRECTOR PHYS. 3-2-61
	22c. PHYSICIAN'S NAME (Type) 1/1 = 13	22d. ADDRESS 1 1 1 30
	10/L Dyrkir	williams for ma
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City town, or county) (Stote)
	DILLICAL 3/4-61 MEADORID	GEMEM. DORSEY, MD
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Factor fuence at fond interest	alle managemen o 101 or of the

the attending physician and campletely filled with the funeral director. Then please remave carban papers. Pages 1 and 2 shauld be filed with may be fined by the haspital ar attending physician.

D FUNERACE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO FUNER

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

's after death. Page 4

TO HOSP! VR A1S (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH D

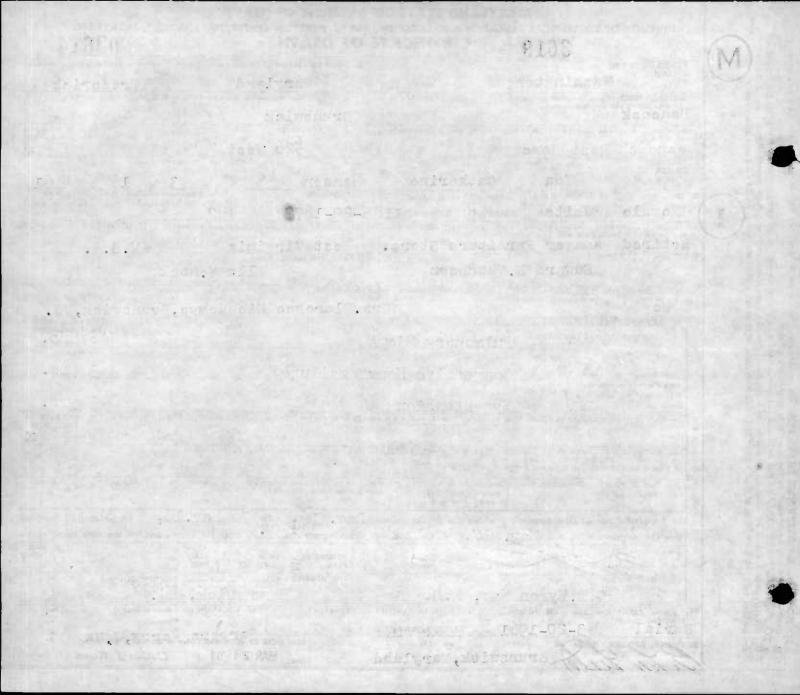
IVISION OF STATISTI	CAL RESEARCE	H AND RECORDS,	301 W	PRESTON S	TREET, BALTIMOR	E 1, MARYLAND
36	19	CERTIFICATE	OF	DEATH		0361

03614

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY Washington MARYLAND	a. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata fimits, write RURAL and give nearest town)
write RURAL and give naarest town)	Brunswick 1015-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
Hancock Rest Home	526 West 11B11 ON A FARM? YES □ NO □
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Typa or print) Ida Catherine	Hanson OF DEATH 3 16 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED TO DIVORCED	5-29-1870 82 yrs. Months Days Hours Min.
done during most of working life, even if retirad)	Y 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Manager Furniture Store.	West Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward H. Thompson	Ella V.Beck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
No	s.Florence Nicodemus, Brunswick, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema	/- In ma m
4 43 × DUE TO	STATE OF BUILDING STATE OF STA
Conditions, if any, which \ (b) Congestive Hear	t Failure 3 yrs.
gava risa to immediate cause (
(a), stating the underlying DUE TO cause last.	3 vrs.
TO THE TOTAL OF TH	
E PAR II. O'IIIR SIGNIFICANT CONDITIONS CONTRIBUTING TO BEAT SOFT NO.	PERFORMED?
<u> </u>	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	. (Enter natura of injury in Part I or Part II of itam 18.)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Thou a.m.	ory, streat, office bldg., atc.)
	Dec 26 1057 . Man 16 10 61
21. I certify that (I) (this hospital) attended the deceased from.	Dec. 26, 19.57, to Lara 10, 19.57 that (I) (we) last death occurred at R.M., from the causes and on the date stated above.
22e. SIGNATURE	death occurred at
	ATTENDING MED. STAFF
22c. PHYSICIAN'S	201 ADDRES
NAME (Typa) C.T. Byron Kao, M.D.	Brunstrick, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 3-20-1961 FATE VIEW	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAK 256. REGISTRAR STIONA FURE
Brunswick, Maryland	DATE MAR 21 '61 Chilun S. Kinns
The ble bleffill and the grant of the first	[DATE WITH THE PROPERTY OF THE

TO HOSTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in thin 24 hours after the death.

S > TO FUNEAR DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funear director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3620 CERTIFICATE OF DEATH

()3615

1. PLACE OF DEATH			
COLINITY	UAL RESIDENCE (What	are deceased lived, If institution: Rab. COUNTY 7.7	
Washington MARYLAND	Maryland	d Was	hington
		a corporata limits, write RURAL and	give nearest town)
write RURAL and give nearest town) Hager stown 34 years	Ha	agerstown	
	STREET ADDRESS		. IS RESIDENCE
Washington County Hospital		shington Street	YES NO
3. NAME OF First Middle DECEASED DOCTOR A	Last 4. DA		Day Yeer
(Type or print) ROZELLA AGNES H	IARR DE	EATH March	14 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE O	OF BIRTH	9. AGE (In years IF UNDER 1)	
	4, 1899	last birthday) Months D	Pays Hours Min.
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if ratirad)	RTHPLACE (County & Stat	te, or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY
man and the same of the same o	eelton, Penr	nsvlvania II.	S.A.
	THER'S MAIDEN NAME		
Peter Francis Clark	Mary Ann I	Mannear	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM.		Address	
(Yas, no, or unkown) (Ifyasgivewarordatesofsarvice)	17- A W.	shown Dhaladala	hde De
no 214-32-3862 Mrs. R	ozella A. Wa	atson Philadelp	nia, Pa
	1		ONSET AND DEATH
IMMEDIATE CAUSE (0)	-breese		3 40
H44X DUE TO 34/10			,
Conditions, if any, which \ (b)			1 oma
gave rise to Immediate cause DUE TO	0		
(a), stating the underlying Succession (c) Orthogodonis, The	nerole		Byps,
	D TO THE TERMINAL DISE	EASE CONDITION GIVEN IN PART	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 208. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter not (if) EITHER. NOTIFY MEDICAL EXAMINER)			YES NO
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter no	ature of injury in Part Lor	Part II of item 18	112 [] 110
20%. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enfor no OR CONTRIBUTING CAUSE OF DEATH	and a milary in Fari I of	real is of none to.;	
Gratomy should	JURY (Homa, farm, 2Df.	(City or town) (Coun	nty) (State)
Hour a.m. Whita Not Whita at work at work		0	
21. I certify that (I) (this hospital) attended the deceased from DG	1987	to Murch 14 198	, that (I) (we) la:
saw the deceased all on Murch 13 1961, and that death	accuracy of Coff M	from the causes and on th	
	occured alabaz.ivi,	itom the causes and off it	22b, DATE
ATI	TENDING MED.	STAFF	SIGNE
M.D. PHY	(4	R PHYS.	2/14/6
Philip J. Hirshman, M.D.	ADDRESS 159 T	W. Washington St	
THILLIP O. HII SHIMAH, H.D.			
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREM		rstown driv, land	(Stata)
Burial 3/16/1961 Rose Hill Cemeter	y Ha	agerstown, Mar	yland
24 NUMERAL DIRECTOR'S SIGNATURE UNDERSOLUTION ADDRESS SUCCESSION AND ADDRESS Hagerstown Md	1	REGISTRAR 256. REGISTRAR'S S	IGNATURE
Suter - Rouzer Funeral Home Hagerstown Md-	DATE MAR 1	7'61 01 - 0	H

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MARYLAND STATE DEPARTM

S - BALTIA						
DEATH			-	126	110	
SIDENCE (Whe	ere decease	d lived. If institution	on: Residen	ce befo	re admiss	ion)
M	d.	b. COUNTY	W	a sh	•	
R TOWN (If as	tside carpa	rote limits, write R	URAL and	give nec	rest town	1)
onsbo	ro					
F.D.	2					IDENCE FARM? NO
Lost	4. DATE	Man	th	Da	у	Year
ris	OF DEATH		arch	- Carrie		19 61
RTH 31, 18	89	9. AGE (In years last birthday) 71 yrs.	IF UNDER Months	1 YEAR Days	IF UNDE Hours	R 24 HRS. Min.
IPLACE (Stote of	or foreign c	ountry)	12. CITI	ZEN OF	WHATC	OUNTRY?
ederic	k, M	d.				
S'S MAIDEN N						12.0
	M	ary Ell	en K	eys	er	
G. K.	Har	ris, Bo		oro	, Mo	1.
nos	of a	sending	1 202	ONS	ERVAL BE	TWEEN DEATH
			3.3			
TO THE TERMIN	NAL DISEAS	E CONDITION GIV	'EN IN PAR	T 1(o) 1	PERFO	AUTOPSY PRMED? NO
of injury in P	art I or Por	t II of item 18.)				
Y (Home, farm, fice bldg., etc.)		or town)	(1	County)		(Stote)
19	<u></u>	Weich 3	2, 195	<u>l</u> , th	iat (I) (we) last
red at A	M, from	the causes an	d on the	e date		
	D. RECTOR [STAFF PHYS.		3-	31-19	SIGNED
Ress	SRO	Ro M	d	_		

(State)

SIGNATURE

1		3621	CEK	IIFICA	IE OF DE	AIH			
	PLACE OF DEATH o. COUNTY WE	ashingtor	1	MARYLAND	2. USUAL RESIDE a. STATE		d •	lived. If institut b. COUNTY	
	b. CITY OR TOWN (If o RURAL ond give near Hagerstor	est tawn)	c. LENGTH OF	STAY IN 16	34	nsbo		ote limits, write l	≀URAL a
	d. NAME OF HOSPITAL OR INSTITUTION Washingto	(If not in haspital, gi	ve street address) / Hospital		d. STREET AD		2		E
3.	NAME OF DECEASED (Type or print)	Ruth	Naom		Harri	s	4. DATE OF DEATH	Ma	nth larc
1	female	white		ORCED	Oct. 31	, 18	89	P. AGE (In years last birthday) 71 yrs.	Month
	housew:	g life, even if retired)	one 10b. KIND OF BUSIN	ESS OR INDUS	Fred	leric	k, Mc		12.
		ichard P			14. MOTHER'S A	AAIDEN NA		ary Ell	
		N U. S. ARMED FORC yes, give war or dates of se	rvice) 16. SOCIAL SECURIT		arles G	. K.	Hari		ons
CERTIFICATION	Conditions, if ony gove rise to improve (a), stating the lying couse lost. PART II. OTHER 20a. ACCIDENT WAS OR CONTRIBUTING	nediote DUE TO to under- (c) R SIGNIFICANT COND	DITIONS CONTRIBUTING TO	THE S					VEN IN
MEDICAL CER	OR CONTRIBUTING E (IF EITHER, NOTIFY MI 20c. TIME OF INJURY Haur o. m. p. m.	EDICAL EXAMINER)	r 20d. INJURY OCCURRE While Nat while at wark at work	D 20e. PLA fac	CE OF INJURY (H tory, street, office	ome, farm, bldg., etc.)	20f. (City	or town)	
	saw the deceased	(1) (this hospital)	attended the dece	ased from and that d	october eath occurred	av 32		he causes a	2 , 1'
	22c. PHYSICIAN'S	ceouder		A	ATTENDING PHYS.	□ DIR	D. ECTOR 🗆	STAFF PHYS	
22.	NAME (Type)	71	NDAR(F CEMETERY OF	B	Soon	SEC.	ON (City, tawn,	ld
	burial (Specify)	4-1-61	Mt.		Cemete	ry	Fred	derick,	Md
	Scott F. 1		& Son, Hag	erstow		25a. REC'D	BY REGISTE	2Sb. REG	ISTRAR'S

the attending physician and completely filled my by the funeral director. Then please remave carban papers. Pages 1 and 2 should be filed with 08 TO FUNERAX DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board at Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/S9

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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s after death. Page 4

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		or or tensor was seed and	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 having after death. Page 4 may be the bashial or attending physician.

TO FUNERA, DIRECTOR: After this certificate has been signed by the attending physician and campletely filled they the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	THE RESERVE OF THE PARTY OF THE	A COLUMN TO SERVICE AND ADDRESS OF THE PARTY	0=17111	IUA	TE OF DEA					111	101	4
PLACE OF DEATH o. COUNTY Washing	rton		MAR	YLAND	2. USUAL RESIDENCE O. STATE	-	re deceased	THE B. COUNTY			e admissi	on)
b. CITY OR TOWN (III	f outside corporate limi	ts, write c. L	ENGTH OF STAY		c. CITY OR TOWN		-		RURAL ond	give nec	rest town	
Clear	Spring		30 Yr	S	3	ear	Spr	ing				
d. NAME OF HOSPIT OR INSTITUTION Main Si	AL (If not in hospitol, g	ive street oddre	ess)		d. street Addri						e. IS RESI ON A YES	FARM?
NAME OF	Fir	st	Middle	e	Last		4. DATE	Mo	nth	Da	v Y	ear
DECEASED (Type or print)	MABEL		Α	Н	ASSETT		OF DEATH	March	13	1961		9
. SEX		7. MARRIED	NEVER MARRI		B. DATE OF BIRTH			9. AGE (In years	-	R 1 YEAR		
Formalo	207	WIDOWED		2000	Febv 5 1	07/	1000	lost birthdoy) 87 yrs.	Months	Doys	Hours	Min.
Female On. USUAL OCCUPATION	White		-			(State of	r foreign co	-		TIZEN OF	WHATC	OLINTRYS
during most of work	ing life, even if retired			OK II4DOS							_	OOIVIKIT
HOUSEWO	ork	Own	Home		-	-4		h Co Mc	1.	USA		
S. FAIHER'S NAME					14. MOTHER'S MAI							
Will	Liam Hass				Sara	, Ed	el en		3 3			
Yes, no, or unknown]	R IN U. S. ARMED FOR (If yes, give war or dates of s		IAL SECURITY NO	D. 17, IN	FORMANT			Add	dress			
No			lone	Mrs	Elizabe	th	Anke	ney Big	g Sp:	ring	Md.	
	TH [Enter only one co	use per line for	r (o), (b), and (c)	.}						INTE	RVAL BET	WEEN
PART I. DEA	TH WAS CAUSED BY:	Vent	ricular	fibr	illation					ONS	5 n	DEATH
4(1-)	1 /									-		
Conditions, if or gove rise to in couse (o), stoting lying couse lost.	mmediote (Нуре	ertensiv	e Ar	teriosclei	rotio	c Hea	art Dise	ease		unk	nown
gove rise to in couse (o), stating lying couse lost.	my, which (bmmediate the under-	Hype								ART 1(0) 1		UTOPSY
gove rise to in couse (a), storing lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ny, which had had had had had had had had had ha	Hype	RIBUTING TO DE	EATH BUT		TERMIN	AL DISEAS	E CONDITION GI		ART 1(0) 1	9. WAS A	UTOPSY RMED2
gove rise to in couse (a), storing lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ny, which mediate the under. DUE TO (c)	Hype	RIBUTING TO DE	DCCURRED	NOT RELATED TO THE	TERMIN ury in Po	at Diseasi	E CONDITION GI	VEN IN PA	(County)	9. WAS A	UTOPSY RMED2
gove rise to in couse (a), storing lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the saw the decease	ny, which mediate the under- (c) SUNDERLYING CONTROL EXAMINER Y Month, Doy, Yee 19	DITIONS CONT 20b. DESCRIBE ar 20d. INJUR While of work	None HOW INJURY C Y OCCURRED Not while of work	20e. PLA	NOT RELATED TO THE O. (Enter noture of inju	TERMIN ury in Po e, form, g., etc.)	ort I or Por	e CONDITION GI I II of item 18.) For town) March	13, 19	(County)	9. WAS A PERFOI YES at (I) (v	(Stote) ve) last abave.
gove rise to in couse (a), storing lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the saw the deceas 22o. SIGNATURE	ny, which mediate the under- (c) SUNDERLYING CONTROL EXAMINER Y Month, Doy, Yee 19	Hype DITIONS CONT 20b. DESCRIBE ar 20d. INJUR While of work	None HOW INJURY C Y OCCURRED Not while of work	20e. PLA foc	NOT RELATED TO THE D. (Enter noture of injuince of INJURY (Home tory, street, office bld; July 8 eath accurred at A.D. PHYS.	e, form, g., etc.)	20f. (City	e CONDITION GI I II of item 18.) For town) March	13, 19	(County)	9. WAS A PERFOI YES at (I) (v	(Stote)
gove rise to in couse (o), storing lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify that saw the decease 22o. SIGNATURE Acc. PHYSICIAN'S	ny, which mediate the under- (c) SUNDERLYING CONTROL EXAMINER Y Month, Doy, Yee 19	Hype DITIONS CONT 20b. DESCRIBE Or 20d. INJUR While of work 1) attended 112	None HOW INJURY C Y OCCURRED Not while of work	20e. PLA foc	NOT RELATED TO THE D. (Enter noture of injunction of the country) ACE OF INJURY (Home tory, street, office bldg) July 8 eath accurred at	e, form, e, form, el., form, el., etc.)	20f. (City	e CONDITION GI	VEN IN PA	(County)	9. WAS A PERFOI YES at (I) (v	(Stote) ve) last abave.
gove rise to in couse (a), stoting lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify that saw the decease 22a. SIGNATURE 22a. SIGNATURE 22b. PHYSICIAN'S NAME (Type)	ny, which mediate the under- constitution of the	Hype Ditions cont 20b. DESCRIBE or 20d. INJUR While of work 1 other 12	None HOW INJURY C Y OCCURRED Not while of work	20e. PLA foci	NOT RELATED TO THE O. (Enter noture of injuncted of inju	e, form, g., etc.) 19 11. A	20f. (City	e CONDITION GI	VEN IN PA	(County) 61 th	9. WAS A PERFOI YES at (I) (v	(Stote) we) last abave. DATE
gove rise to in couse (a), stoting lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour a.m. p. m. 21. I certify that saw the decease 22o. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 30. BURIAL, CREMATIO REMOVAL (Specify)	ny, which mediate the under- constitution of the	DITIONS CONT 20b. DESCRIBE or 20d. INJUR While of work 1 attended arch 12 Oh Def 236	PRIBUTING TO DE None HOW INJURY OF WORK THE HOW INJURY OF CENTRED Not while of work the deceased onen, Inc. NAME OF CENTRED NAME OF CENTRED NO.	20e. PLA foci I fram. A A A A A A A A A A A A A A A A A A A	NOT RELATED TO THE D. (Enter noture of injunction) ACE OF INJURY (Home tory, street, office bldg July 8 eath accurred at A.D. ATTENDING PHYS. 22d. ADDRESS Cleat R CREMATORY	e, form, g., etc.) 19. 11. A DIRE	20f. (City	e condition GI I II of item 18.) or town) March Me causes at STAFF PHYS. Maryl TION (City, town,	VEN IN PA	(County) 61 th	9. WAS A PERFOI YES at (I) (v stated 22b3 / 14	(Stote) we) last abave. DATE
gove rise to incouse (o), stoting lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify that saw the decease 22a. PHYSICIAN'S NAME (Type) 3a. BURIAL, CREMATIO	ny, which mediate the under- (c) SUNDERLYING CONTROL CAN MEDICAL EXAMINER (V) 19 14 (I) (this haspital and alive an Manage of Death (L) Archie Ro N, 23b. DATE THEREC (S)	DITIONS CONT 20b. DESCRIBE or 20d. INJUR While of work 1 attended arch 12 Oh Def 236	None HOW INJURY C Y OCCURRED Not while of work the deceased 19 61, and	20e. PLA foci I fram. A A A A A A A A A A A A A A A A A A A	NOT RELATED TO THE O. (Enter noture of injunction of inju	e, form, g., etc.) 19. 11. MED DIRE	20f. (City 20f. (City 59 to 30 from corone 23d. LOCA BY REGIST	E CONDITION GI	VEN IN PA	(County) 61 the date	9. WAS A PERFOI YES at (I) (v stated 22b3/14	(Stote) we) last abaveDATE

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Service Rebert County, McD. | Claim Spring, Murrish and

THE PERSON NAMED IN COLUMN TO SERVICE AND SERVICE AND

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

JO FUNZAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (13618)

	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission)
	Washington MARYLAND	Naryland Washington
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)
He	agerstown D. O. A.	Williamsport
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS IS RESIDENCE
W	ashington County Hospital	20 N. Artizan Street YES NO X
3.	NAME OF First Middle	Last 4. DATE Month Dey Year
	DECEASED (Type or print) John Garfield H	OF
5.	- Carried II	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
70.0	1-7	last birthdey) Months Dexs Hours Min.
	TILL OC WIDOWED DIVORCED	Sept. 15 1880 80 yrs. 6 14
do	na during most of working lifa, even if retirad)	TI C A
		West Virginia U.S.A
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Levi Henry	Mary E. Wisenburg
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III. s., no., or unkown) (Ifyasgivewarordetesofservica)	
	No 215-01-9864Mr	s. Ada Henry Williamsport Md.
	18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).]	s. Ada Merry Williamsport Interval BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	vvest 10 Bass
	4330 NIETO . D	
-	Conditions, if any, which) (b) Atheos her	esis à Congostive failure 5 ys
		esse congestive porte
	(a), stating the underlying DUE TO	
_	Cause lest. (c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
٥ I	weru	YES NO
CERTIFI	2Da. ACCIDENT WAS UNDERLYING ADDED. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury in Part I or Part II of item 18.)
7		CE OF INJURY (Home, farm, † 20f. (City or town) (County) (Stata)
MEDIC	Hour a.m. While Not While factor	ory, streat; office bldg., etc.)
X	p.m. 19 et work at work	41 180 00 1/2 (20 (20
		March 20 19000. March 2.8, 1961., that 10 (we) last
	saw the deceased alive on	death occured and, from the causes and on the date stated above
	222 SIGNAFURE	D. ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. 3 -30-67
	IIII I Supply M.	D. PHYS. DIRECTOR PHYS. 1 3-30-61
	22c. PHYSICIAN'S NAME (Type)	23d. ADDRESS
	NAME (1998) 10 E: DYKIT	4): 11dm 3001 Md
	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	
Bi	removal (Specify) April 1-61 Riverview C	emetery Williamsport Maryland
	FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Williamspor	t, Md. DATE DR 3 161 Interest Thousand
_		DATE PR 3 '61 Contact & Know

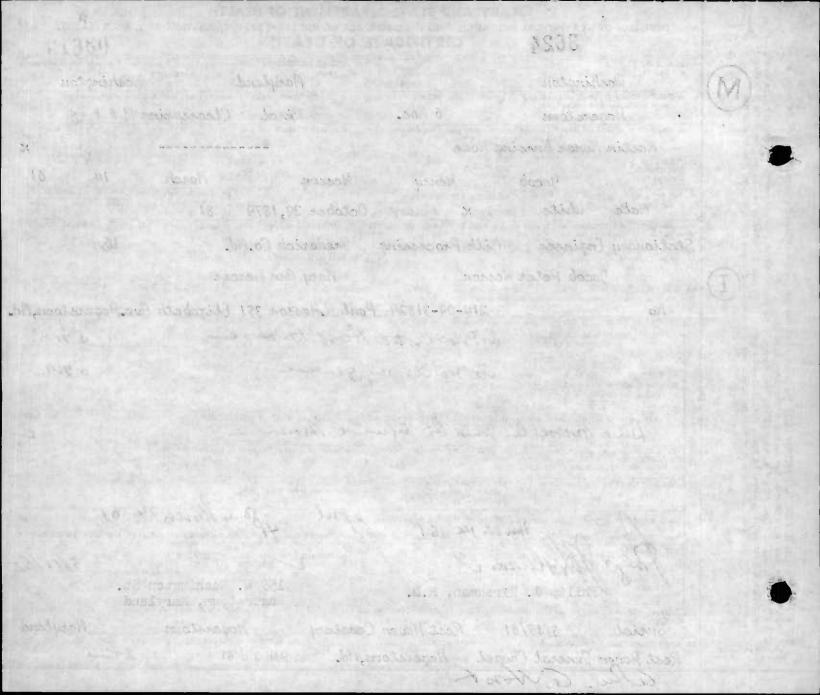
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (3619)

. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
e. COUNTY Washington MARYLAND	*. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown 6 Mos.	Riaral Clearspring R # 1
d. NAME OF HOSPITAL OR INSTITUTION (ill not in hospitet, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
Martin Manor Nursing Home	ON A FARM? YES \(\sqrt{NO} \)
NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) Pacob Kenry	Hesson DEATH March 14 19 61
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	October 29, 1879 81 yrs. Months Deys Hours Min.
De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & Stete, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
Stationary Engineer Milk Processing	Grederick Co. Md. USA
Jacob Peter Hesson	Mary Ann Mercer
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
Yas, no, or unkown) (Ifyes give war or detes of service)	
No 214-09-3182A	Paul R. Hesson 351 Elizabeth Aver Hagerstown, M.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Confirmation	Heer Orser 1915.
420.0 DUE TO	
Conditions, if any, which \ (b) Ostru Osso	o glowal sys.
geve rise to immadiate cause	
(a), stating the underlying	
ceuse last. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Box brechere lo a 1 Rt heere	PERFORMED?
pour required and it requ	I TO I
OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Part II of itam 18.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	19,6, to Mush / 7, 196 , that (1) (we) last
	at death occured at
228. JEN TURE	22b. DATE
Khon MNAIDE	ATTENDING MED. STAFF
	M.D. PHYS. DIRECTOR PHYS. 3/15/0
Philip J. Hirshman, M.D.	159 W. Washington St.
Training 11.2.	Hagerstown, Maryland
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 3/17/61 Rest Haven	Cemetery Hagerstown Maryland
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rest Haven Juneral Chapel Hagerston	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE



s after death. Page 4

ond 2 shauld be filed with D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 his may be read by the haspital or attending physician.

D FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and campletely filled to page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 as the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

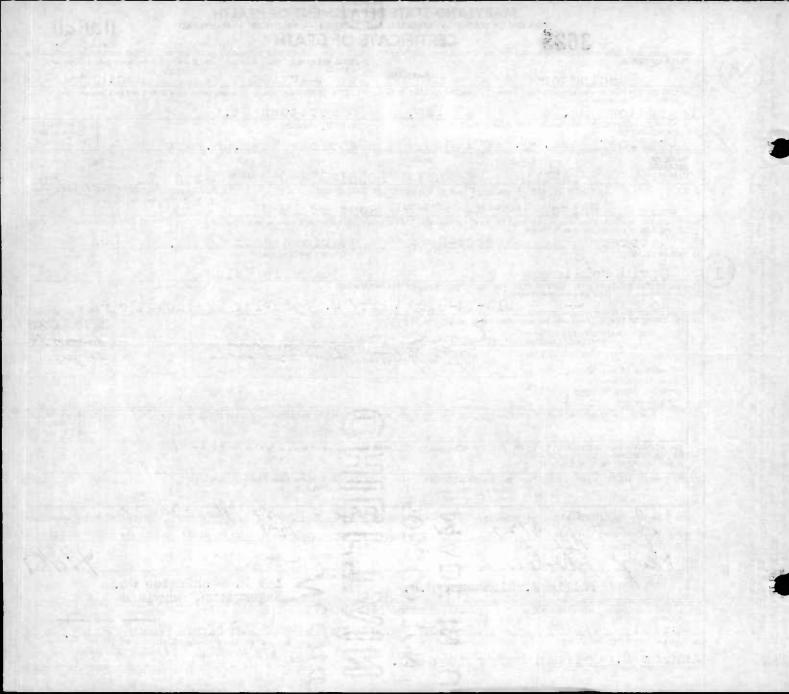
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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REVEAL and give increat bown Rt. 44 d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CEATIONS WAS N. CO. MATYLAND CEATION SITE OF MARKED DANIEL WESLEY HOLLINGER BAH CO. MATYLAND FIRST MARKED NOTE NO DEATH N. CO. MATYLAND VES. N. CO. MATYLAND V	I	999 4	nington		M	ARYLAND	a. STATE	Maryl	and	b. COUN	TY W	ash	ing	ton	
Harestown Rt. 4 d. NAME OF DOSTIAL (If not in hospital, give street oddress) d. NAME OF DOSTIAL (If not in hospital, give street oddress) Cearfoss Wash. Co. Maryland 3. NAME OF DOSTIAL (If not in hospital, give street oddress) Cearfoss Wash. Co. Maryland 3. NAME OF DOSTIAL (If not in hospital), give street oddress) Cearfoss Wash. Co. Maryland Daniel Lot Lot Dot Dost Daniel Lot Dot Dostial Co. Maryland 3. NAME OF DECEMBER OF DANIEL WESLEY HOLLINGER S. SEX B. Co. Maryland DANIEL WESLEY HOLLINGER B. DATE OF BIRTH DANIEL WESLEY HOLLINGER S. DATE OF BIRTH DANIEL WESLEY HOLLINGER B. DATE OF BIRTH D. GOT OF REAL (In years) DANIEL WESLEY HOLLINGER D. SEX B. Co. Maryland D. OATE Manh Doy Year Death Maryland D. OATE OF BIRTH D. OATE Manh Doy Year Death Maryland D. OATE OF BIRTH D		b. CITY OR TOWN (If	autside carporate limi	ts, write	c. LENGTH OF ST	TAY IN 1b	c. CITY OR	TOWN (If a	utside carpo	rate limits, write	RURA	L and gi	ve neare	st tawn)	
d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION CEATFORS WASH, CO. MATYLAND CEATFORS WASH, CO. MATYLAND OR DEATH	1				37 Yrs	s.	K Hage:	rstow	n Rt.	.#4					
Ceations Wash.Co. Matyland Ceations Wash.Co. Matyland Vest No.		d. NAME OF HOSPITA		ive street		-							e.		
3. NAME OF DECEASED (Type or print) DANIEL WESLEY HOLLINGER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH WIDOWEDER 14 MS. WIDOWEDER 14 MS. WIDOWEDER 14 MS. WIDOWEDER 15 MS. WIDOWEDER 14 MS. WIDOWEDER 15 MS. WIDOWEDER 1			s Wash. Co	. Mas	ryland		Cearf	oss W	ash.	Co.Mar	vla	nd			
S. SEX M. O. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (in years FUNDER 1 YEAR IF UNDER 2 HBS. M. O. DATE OF BIRTH 9. AGE (in years FUNDER 1 YEAR IF UNDER 2 HBS. M. O. DATE Months Day Hours Min. Months Day Hours Min.	Ì	3. NAME OF	Fir	st	Mic	ddle	lo	st	4. DATE	M	lonth		Day	Y	ear
Mole White WIDOWED DIVORCED Sept 39 1890 70 yr. 100. USUAL OCCUPATION (Give kind of work dame 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Laborer Bester-Long Californ Mash Color USA 13. FATHER'S NAME David Hollinger 13. FATHER'S NAME David Hollinger 14. MOTHER'S MAIDEN NAME David Hollinger 15. WAS DECASSE EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT If we need to work with the surface of bine of services 12 2-14-6369 Harry D. Spickler Greenoastle Pa 18. CAUSE OF DEATH [Enter only one couse per line for [d], (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), stoling the under lying couse last. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? TES INDICATE AND THE WORLD WITH COLOR COUNTRIBUTING CAUSE (o) THE WORLD WITH COLOR COUNTRIBUTING COUNTRIBUTING CAUSE (o) THE WORLD WITH COLOR COUNTRIBUTION COLOR COLO	I		DANIEL		WESLEY	Y H	OLLING	ER	DEATH	March	3	31		1	9 61
No Part	I	S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MA	RRIED 🔲	8. DATE OF BIRT	гн							
Ladotet Bester-Long Ceatfoss Wash Co Md. USA	1	Male	White	WIDOWE	DIVO	RCED 🔲	Sept 39	9 189	0			anths L	ays	Haurs	Min.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S NAME 15. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [If yet, give word of doles of seniors of mother of the product of the product of seniors of the product of t		10a. USUAL OCCUPATION	(Give kind of work	dane 10b.	KIND OF BUSINES	S OR INDU	STRY 11. BIRTHP	LACE (State	or foreign c	ountry)		12. CITIZI	ENOFW	/HAT CO	DUNTRY?
13. FATHER'S NAME DAVID HOLLINGET 15. WAS DECEASED EVER IN U. S. ARMED FORCES? I. 6. SOCIAL SECURITY NO. (If yea, give wor or doller of service) NO 18. CAUSE OF DEATH [Enier only one cause per line for [0], (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), storing the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I [0] 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOITEY MAS LINDERLYING COURRED While Not while at work of work o	I	P 9		-	ster-Lor	ng	cear	foss	Wash	Co Md.		Į	JSA		
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15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). 19.		David H	Hollinger				Tsa	abell	e Wel	lah					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under lying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED while of work of the wor	1	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY	NO. 17.1	FORMANT			A	ddress				
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DUE TO Conditions, if any, which gave rise to immediate cause (a). The property of the proper	f	18. CAUSE OF DEAT	H [Enter only one co	use per lir	ne for (a), (b), and	(c).]	-							VAL BET	WEEN
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO	1				Comme	n 1	Talus	11. 14					ONSE		
Conditions, if any, which gave rise to immediate couse (a), stating the under: VOR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) VOR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH COR CONTRIBUTING CAUSE OF DEATH COR CONTRIBUTION COURSED CONTRIBUTION COURSED COR CONTRIBUTION COURSED CONTRIBUTION COURSED COURSED		4200	-10		1270	Sec-OV 7	T. il	X Ar	100	2			1	40,0	1
gave rise to immediate cause (a), stating the <u>under:</u> Due to	ı	Conditions, if on	y, which)		Orine	W. K. YU	pe // co	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						100	-
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20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark at war	l		UNDERLYING	20b. DESC	CRIBE HOW INJUR	YOCCURRE	D. (Enter nature	af injury in P	art I or Par	t II of item 18.)			-1		
21. I certify that (I) (this haspital) attended the deceased fram. In the local saw the deceased olive on 3 (27, 196), and that death occurred at 200, from the couses and on the date stated above. 22a Jignature ATTENDING MED. STAFF	l	(IF EITHER, NOTIFY W	LEDICAL EXAMINER)												
21. I certify that (I) (this haspital) attended the deceased fram. In the local saw the deceased olive on 3 (27, 196), and that death occurred at 200, from the couses and on the date stated above. 22a Jignature ATTENDING MED. STAFF	1	T 20c. TIME OF INJURY	Month, Day, Yes	or 20d. IN	NJURY OCCURRED					or tawn)	-	(Co	unty)		(State)
21. I certify that (I) (this haspital) attended the deceased fram. If the property of the prop	1	Haur a. m.	19			fa	ctory, street, affic	ce bldg., etc.)	4					
saw the deceased olive on 3 2 2 190, and that death occurred at 2 M, from the couses and on the date stated above. 22a SIGNATURE ATTENDING STAFF STAFF 22b DATE SIGNED	I	1	//\ AED hoonited				Estral 9	205	17	Morel 3	51	206	@ AL -	1111	-1.1
220 SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED	ł	//	7. 1. 2	2-2	1. 4			1 1/2/	10-						
ATTENDING MED. STAFF	1		d olive on		17.0/., 0	ond that c	leath occurre	a ail	M, from	the couses	and c	on the	dote s		
	ı	14.21	XITALLE				M.D. PHYS.	IG ME	e crop [STAFF PHYS.			4	17	SICKED
22c. PHYSICIAN'S 22d. ADDRESS	1		1/1/1/10		Land of			occc.		***************************************		C.		X/,	701
NAME (Type) Philip J. Hirshman, M.D. 159 W. Washington St.	Ì	NAME (Type)	Philip J.	Hir	shman, M.	.D.	S. Maria								
Hagerstown, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	1	23g RUPIAL CREMATION	23h DATE THERE	F	1230 NAME OF	EMETERY O	D CDEMATORY	n					60 60 at at at a	154-1-	
REMOVAL (Specify)		REMOVAL (Specify)	1/2/67					nas					~ .	(State	1
Burial 4/3/61 Mt Zion Cenetery near Cearfoss Wash Co Md. 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	1		SIGNATURE		ALC: A COL	1 Cen	etery							ud.	
Andrew K. Coffuen Hagerstown Md. DATE 4 61 Chilling & Thomas				Hours		1 3		A	PR 4						

TO HOSPITA TO FUNERA. VR A15 (4) 1SM 9/59



ive by the funeral director, and 2 shauld be filed with TO HOSPITATION OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 homes be a by the haspital an attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled it page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I at the State Board of Health prior to burial, cremotian, or removal, and in any event, within 72 hours ofter death.

VR A1S (4) 1SM 9/S9

s ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03621

1.	PLACE OF DEATH o. COUNTY Pashins glow	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Pa	ed lived. If institution: Residence be b. COUNTY Frankl	. V
	b. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orate limits, write RURAL and give r	nearest tawn)
L	Kural Boonshord	6 Years	Waynesbor	0	
	 d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION 		d. STREET ADDRESS	DEVE	e. IS RESIDENCE ON A FARM?
	Takeney- Keidy memorial	Home for aged	361 W. 2nd. St.	1273	YES NO TO
3.	NAME OF DECEASED (Type or print)	SNADER	HOR5T 4. DATE OF DEATH	7	Day Year 26 1961
S.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR lost birthdoy) Months Doys	AR IF UNDER 24 HRS.
1	temale other widow	ED DIVORCED	7/28/1875	86 yrs. Morrins Doys	s Hours Min.
100	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	country) 12.CITIZEN	OF WHAT COUNTRY?
L	House Duties		Near New Winds	sor Pa. U.J	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0.1	
	Evan Lomas Si	radle	Eliza Gel	en Raile	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	NFORMANT	Address	
		73-03-0956A. I	Mrs. Ida M. Baker,	Waynesboro, Pa.	
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	nggr (o), (b), and (c).)	1 acteriocelo		NTERVAL BETWEEN NSET AND DEATH
		0			-
	Conditions, if ony, which gave rise to immediate (b)				
	cause (a), stating the <u>under-</u> lying cause lost.				
Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1/a	119 WAS ALITOPSY
FICATION					PERFORMED? YES NO
L CERTIFI	20a. ACCIDENT WAS UNDERLYING A 20b. DES OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Po	rt II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of wo	Not while for	ACE OF INJURY (Home, form, 20f. (Citory, street, office bldg., etc.)	ty ar town) (Count	(Stote)
	21. I certify that (I) (this haspital) aftered	ded the deceased fram	[elmeen 10196], 10	march 26, 196/	that (I) (we) last
	saw the deceased alive an March ?	619.61, and that o	leath accurred at 233M, from		
	220. SIGNATURE			3/	22b. DATE
	Morthon	1	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	7/6/ SIGNED
	22c. PHYSICIAN'S NAME (Type) G. W. LeVan		300nsl	on mi	d
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCA	ATION (City, town, or county)	(Stote)
	Burial 3/29/61	Green Hill	Way	nesboro, Frankli	n Co., Pa.
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC'D BY REGIS	STRAR 256. REGISTRAR'S SIGNAT	TURE
1	Watter Whove	abujneshor	Ofa, DATE APR 3	261 Circhan S. 76	LALLA

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Marie Alleria de Caración de C			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3627 CERTIFICATE OF DEATH

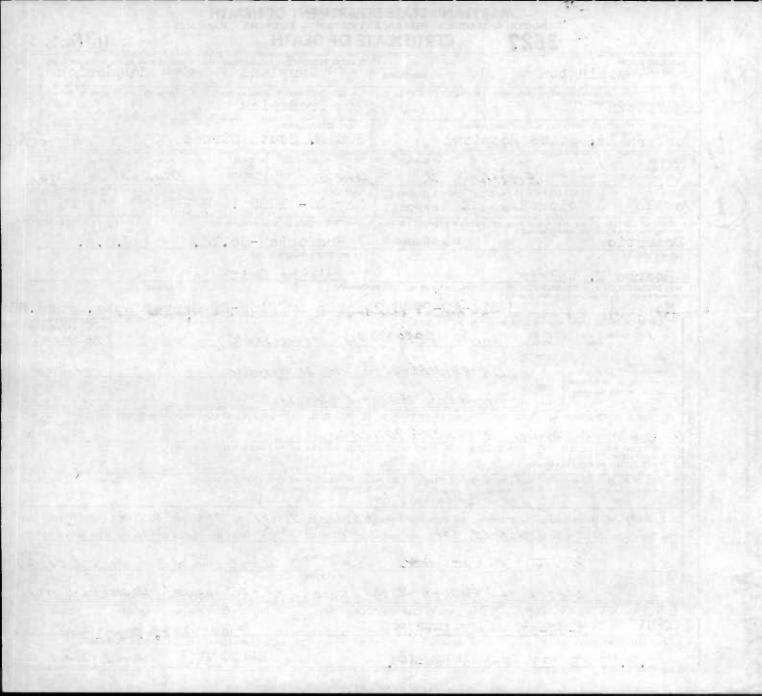
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1. PLACE OF DEATH	hington	MARYLAND	2. USUAL RESIDENCE (Va. STATE Mary	Where deceased lived. If instit Land b. COUN		before admission) lerick
b. CITY OR TOWN (Iager's Cown	(If outside corporate limits, write learest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside corporate limits, write Pick	RURAL and give	e nearest town)
d. NAME OF HOSPI OR INSTITUTION Western	TAL (If not in hospital, give street Ad. State Hos	oddress) pital	d. STREET ADDRESS 500 W. So	uth Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Edir	Middle V.	HURD	OF	ranch	Day Year 196/
s. sex Female	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 27- 1	.885 ? 9. AGE (In year lost birthdo)	Manths Do	YEAR IF UNDER 24 HRS. ays Haurs Min.
Domestic	ON (Give kind af wark done 10b rking life, even if retired)	KIND OF BUSINESS OR INDU	Frederi	ck-Co.Md.		OF WHAT COUNTRY?
13. FATHER'S NAME	F7 201 7.2		14. MOTHER'S MAIDEN			
	T. Walker ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 1	Arianna NFORMANT		ddress	
[Yes, no, or unknown)	(If yes, give wor or dates of service)			fins-22 Car		T 3 31
Canditions, if a gave rise ta i couse (a), stating lying cause lost,	DUE TO ony, which (b) (b) the under DUE TO	eute corone rereiosclero reneral arh	fic Heart a	usease		unknown
D Hyperte 200. ACCIDENT W	HER SIGNIFICANT CONDITIONS PASION, BENIAN (AS UNDERLYING 20b. DE	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CONDITION		(o) 19. WAS AUTOPSY PERFORMED? YES NO
_	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Manth, Day, Year 20d.	Not while fo	LACE OF INJURY (Home, fo octory, street, office bldg., e	orm, 20f. (City ar tawn)	(Cau	unty) (Stote)
	at (1) (this hospital) attenuesed alive an March	19, 1961, and that	death accurred at	M, fram the causes	and an the c	date stated above. 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	VICTOR L.	Ramos, mi	22d. ADDRESS	DIRECTOR PHYS.	L. Hager.	stun, md.
23a. BURIAL, CREMATIC REMOVAL (Specify Burial		23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, tow		(State)
24. FUNERAL DIRECTOR	10 20 01	ADDRESS	2Sq. RF	Frederic	GISTRAR'S SIGN	ATURE d
		odoniok-Md	DATE	MAR 2 2 '61	Chillian	

on by the funeral director, and 2 should be filed with TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled page 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 the State Board at Health priar to buriol, cremotian, or removal, and in any event, within 72 hours filed death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

4 after death. Page 4

TO HOSPIT VR A1S (4) 1SM 9/S9



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TO DEPULY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please ex	cute i striftcote, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer	3	A A
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6 8 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Washington o. STATE b. COUNTY MARYLAND Md. Washington b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Hagerstown 60 vrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Tracvs' Lane 728 Tracvs' Lane YES NOT NAME OF First Middle DATE Month Day Year -DECEASED 1961 3 10 Earl (Type or print) Solomon Tacobs DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) male white Months Min. Hours WIDOWED 1 DIVORCED [69 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Wash. Co. Md. retired carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucillia Mongan William Tacobs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 214-09-9301 Mrs. Trene lacobs Hagerstown, Md. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease IMMEDIATE CAUSE (a) lecent **DUE TO** Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗌 NOF 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. Not while at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection and find that Inquiry death resulted from: Natural causes X. Accident , Suicide , Hamicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER or removol EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER FOR E. W. Ditto 3-11-61 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or caunty) (State) Hagerstown Md. 3-13-61 Rest Haven Cemetery burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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DATEMAR 1 4 '61

VS. ATSME(5) 5M 9/55

Fred W. Kraiss

Hagerstown, Md.

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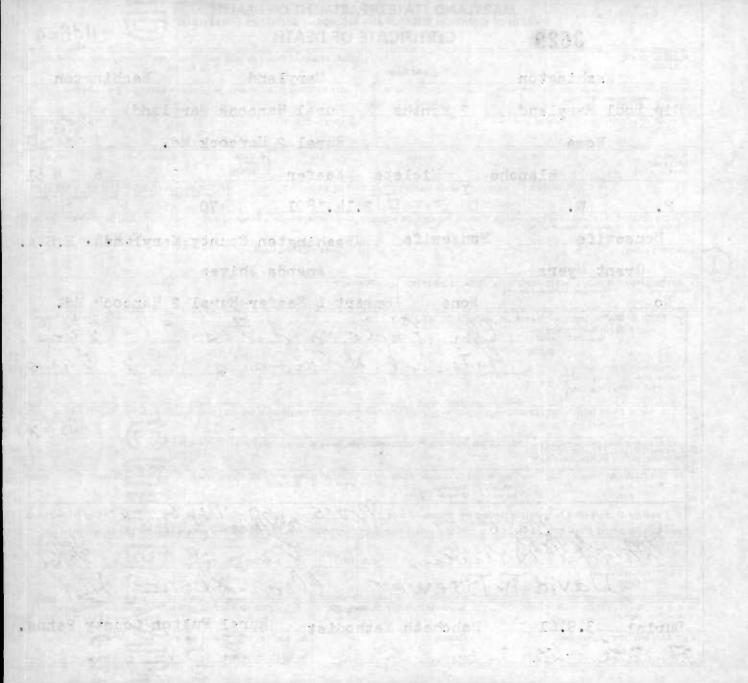
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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3629

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	1. P	LACE OF DEATH D. COUNTY	ashinata		MARYL		USUAL RESIDENCE (WI o. STATE Mary]		ved. If instituti b. COUNTY			
	ь		ashingto		c. LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (If		e limits, write R		ingto	
		Big Pool		3	2 Month	s	Rural Ha	ancock	Marvl	and		
	C	OR INSTITUTION	AL (If nat in hospital, g	ive street ac	ddress)		d. STREET ADDRESS				ON	ESIDENCE A FARM?
			Home			11/	Rural 2	Hanco	ck Md.		YES	NO [
	1	NAME OF DECEASED Type or print)	Blaz		Middle Middle	a+a	Keefer	4. DATE OF DEATH	Mar	ith	Day 6	Year 19 61
	S. S				D NEVER MARRIED	D B D	ATE OF BIRTH		AGE (In years	IF UNDER 1	-	
		F.	W.	WIDOWED			14.1891		70 yrs.		oys Hour	
	10a.	USUAL OCCUPATION	N (Give kind of wark ong life, even if retired)	lone 10b. K	IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign cour	ntry)	12. CITIZE	N OF WHA	COUNTRY?
-	12	Housew FATHER'S NAME			lousewife	1,	Washingt	on Cou	nty Ma	ryVañ	ax.	r.s.A
)	~	t Mvers			l'		a Shiv	• •			
-	15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SC	OCIAL SECURITY NO.	17. INFOR		a DITT V	Add	ress		4
	(Yes	No. or unknown) (1	f yes, give war or dates of s	ervice)	None	Emme	rt L Kee	fer Ru	ral 2	Hanco	ck Mo	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH										
		PART I. DEATH WAS CAUSED BY: [IMMEDIATE CAUSE (0) Chy, Endlo Caralle 242										
		421.4 DUE TO O 1										
		Conditions, if ony, which) (b) arterial Aclerosis 5420										
		gove rise to immediate cause (a), stating the under-										
		lying cause lost.	le onder-									
	Z	PART II. OTHI			INTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	VEN IN PART	(a) 19. WA	AUTOPSY
)	ICATION		1									ORMED?
	CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DESCR	RIBE HOW INJURY OC	CURRED. (E	nter nature of injury in	Port I ar Part II	af item 18.)			
	MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Doy, Yes	20d. INJ While of work	Not while	Oe. PLACE factory	OF INJURY (Home, farm street, affice bldg., etc	n, 20f. (City of	r town)	(Co	unty)	(Stote)
			w) attende	d the deceased f	, -	7	60 to //	m 6,			(we) last
		saw the decease	ed alive an	wo	19 <u>61</u> , and t	hat deat	h occurred at 130	KW/fram th	e causes ar	nd an the	date state	d abave.
		220. SIGNATURE	del	Ine.	wer	M.D.	ATTENDING MPHYS.	NED.	STAFF PHYS.		3/8	SAGNED
		22c. PHYSICIAN'S NAME (Type)	David	RI	Brewe	25	22d. ADDRESS	er b	Chris	ig	Me	P,
	230.	BURIAL, CREMATION	N. 23b. DATE THEREC	F	23c. NAME OF CEMET	ERY OR C	YESOEY	23d. LOCATIO	(City, tawn,	or county)	(S	ate)
		REMOVAL (Specify)	3.9.67		Rehobeth	Meth	odist	Rural	Fulto	n Cou	ntv I	enna
	24.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	mo U		D BY REGISTRA		STRAR'S SIGN		
		Howard	C & Steel	ne	Hanco	an	DATEMA	R 1 0 '61	Q.	Thung & f	Tened	



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O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delizy is necessory, please execute the stificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral sctor. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your as. O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to buriol, cremation,	000
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S SELECT	> cute th	forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reto	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 w	over remove

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Washington Maryland MARYLAND Washington b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) and give nearest town) 20 years Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital 141 Devonshire Road YES NO X NAME OF First Middle DATE Year Day DECEASED 24 (Type ar print) Lester Mason Keller Sr. DEATH March 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Male White Sept. 25. 1899 WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Machinist Railroad Near Cearfoss, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elmer Keller Mary Toms 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) Mrs. Wanda L. Keller Hagerstown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) 4464 DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO F 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) Month, Day, Year (County) (State) factory, street, affice bldg., etc.) Hour o. m. Nat while at wark at wark p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection ... Inquiry 4, and find that Accident , Suicide , Homicide , Undetermined cause death resulted fram: Natural causes 4. ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) Edward W. Ditto 111. M. D.ACT DEPUTY MEDICAL EXAMINER [22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify)
Burial 3 - 27 - 61Rest Haven Cemetery Hagerstown Md. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Md . DATE MAR 2 8 '61 Orthur S. Thous Scott F. Minnich & Son Hagerstown, 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		2027	CERTIFICA	IE OF DEATH	(10000
1	1. F	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased	lived. If institution: Residence be	efore admission)
	9	WASHINGTON	MARYLAND	MARVLAND	WASHING-TO	.,
1	t	o. CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor		
	ΛΙ	RURAL and give nearest town) EAIZ HAC EIZSTOWN	IAURIOS	03 HACERST	NVO	
2		d. NAME OF HOSPITAL (If not in haspital, give street	et address)	d. STREET ADDRESS	O A A L A	e. IS RESIDENCE
	5	FIDNIEWOCD CHUR	CH HOME	KACTEREDERIN	in St.	YES NO NO
	3. 1	NAME OF First	Middle	Last 4. DATE		Day Year
		OECEASED (Type or print)	FULLIE	I A MAR DEATH		1961
	S. S	/ VIantumbal la	RRIED NEVER MARRIED	box 1 1 1 1 1 7 1	P. AGE (In years IF UNDER 1 YE)	AR IF UNDER 24 HRS.
1	1		WED DIVORCED	Apple in ICCI	last birthdoy) Months Doy:	
À	100	USUAL OCCUPATION (Give kind of work done 10)		ISTRY 11 RIRTHPLACE (State or foreign co	rg yrs. 11 0	OF WHAT COUNTRY?
		during mast of working life, even if retired)	o. Killo of boshless ok hito	(e tempe to	6 100 1	4 C 4
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	WASH COLMIDE	('J.A.
		D-0 10 000	_	A. MOTTER'S MAIDEN HAME		
	15	WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
		(If yes, give wor or dates of service)	Market M	es Pas P	110000	. 340
	_	In CAUCE OF PEATH IS	NONE IN	NS. MOSS DOWARD	HAGERSTOM	
		1B. CAUSE OF DEATH [Enter anly one couse per PART I. DEATH WAS CAUSED BY:	line far (a), (b), and (c).		- (B) 1000	NET AND DEATH
		IMMEDIATE CAUSE (o)	arono	vasuicar	- o ceaps	mun
	N	922 DUE TO	5	. 0 . 0.		141-1
		Conditions, if ony, which (b) (b)	arain	c factor		111411
		couse (o), stating the under-	11.12.	2:00 2:16	7	- 111
	7	lying couse last. (c)	your	and ene	angeren	/WCY-
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
И	FICA		enose	elevos	(YES NO
	CERTIFI	OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRI	D. (Enter noture of injury in Part I or Port	II of item IB.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	WEDICAL	Haur o. m. While		ACE OF INJURY (Home, form, 20f. (City ctory, street, office bldg., etc.)	or town) (Count	y) (Stote)
	ME.	p. m. 19 of w	ork at wark			
		21. I certify that (I) (this haspital) atter	nded the deceased fram.	July 1959 to	mar/0,196/	that (I) (we) last
		saw the deceased alive on 2/	19 <u>6</u> , and that	death occarred at A.M., fram t	the causes and an the da	te stated abave.
		22a. SIGNATURE	0. 11	ATTENDING MED.	CTAFE	276. DATE
		down to	Just	M.D. PHYS. DIRECTOR	STAFF PHYS	1061
-		22c. PHYSTOTAN'S NAME (Type) 64156.	CRACLE	22d. ADDRESS	it voto	th,
1		20413 0.	311111	1175. 17	MILLIAM	2.1
1	23a.	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY	DR CREMATORY 23d. LOCAT	ON (City, town, or county)	(State)
0	1	30RIAC VIAR 12 1961	JOONSBORD	CEMETERY BOWS	BORO WASH C	o. IMP.
,	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	256. REC'D BY REGISTE		
	1	Janu 11. Jasi	DOONSBOIZO	TALL DATE MAR 15'6	51 arilwa D. Th	Manage.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be the by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 shauld be filled with the State Board at Health prior to burial, cremation, or remayol, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9

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TO FUNERAL TO HOSPITA

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3632

1. PLACE OF DEATH o. COUNTY Was	shington	MARYLAND	2. USUAL RESIDENCE (o. STATE	Where deceased liv	ved. If institution b. COUNTY	n: Residence		sion)
b. CITY OR TOWN (If out: RURAL ond give nearest Hagerstown	town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (limits, write RU	JRAL ond giv	e nearest town	n)
OR INSTITUTION	f not in hospital, give street County Ho	address)	d. STREET ADDRESS Box 5					SIDENCE A FARM? NO 1
3. NAME OF DECEASED (Type or print)	First Keifer	Middle Edward	Lewis	4. DATE OF DEATH	Mon			Year 19 61
	white WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 4,	1901	AGE (In years last birthday) 59 yrs.		YEAR IF UND	Min.
labor	ife even if retired) -	umber comapt	wolfsv:	ille, Mo	_	12. CITIZE	N OF WHAT	COUNTRY
13. FATHER'S NAME Cha	arles Lewis		14. MOTHER'S MAIDER		i I. T	racey		
1S. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes,		SOCIAL SECURITY NO. 17.11 12-24-3013 MI		r Lewis,	, Cave		Md.	
PART I. DEATH V	DUE TO	ypertusion	umboge Carlina	scular 1	Oseas		10 mg	DEATH
PART II. OTHER S 20a. ACCIDENT WAS UN OR CONTRIBUTING COR (IF EITHER, NOTIFY MED	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIV	EN IN PART 1	PERFC	AUTOPSY ORMED?
	AUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port II	of item 18.)			
20c. TIME OF INJURY M Hour o. m. p. m.	While	NJURY OCCURRED 20e. PL Not while k ot work	ACE OF INJURY (Home, forctory, street, office bldg.,	arm, 20f. (City ar etc.)	town)	(Cor	unty)	(Stote)
21. I certify that (I) saw the deceased 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	10 11-	ded the deceased fram	M.D. ATTENDING PHYS. 22d. ADDRESS	M, fram the	8 Han e causes an STAFF PHYS			,
REMOVAL (Specify) burial 24. FUNERAL DIRECTOR'S SIG		23c. NAME OF CEMETERY CO Cavetown Co ADDRESS On, Smithsbu	metery 250. R			Md STRAR'S SIGN		te)

3636 S xon . Timescant where our school we The desired of the second of t Total - 1001 . Claga - Too lober losterios rapperos reducito, los reducite tenette de la la . Id , mectavau , etworeconeit . in 5105-32-318 took I. Manich & La, Didthsaut, M.

VR A1S (4) 1SM 9/S9

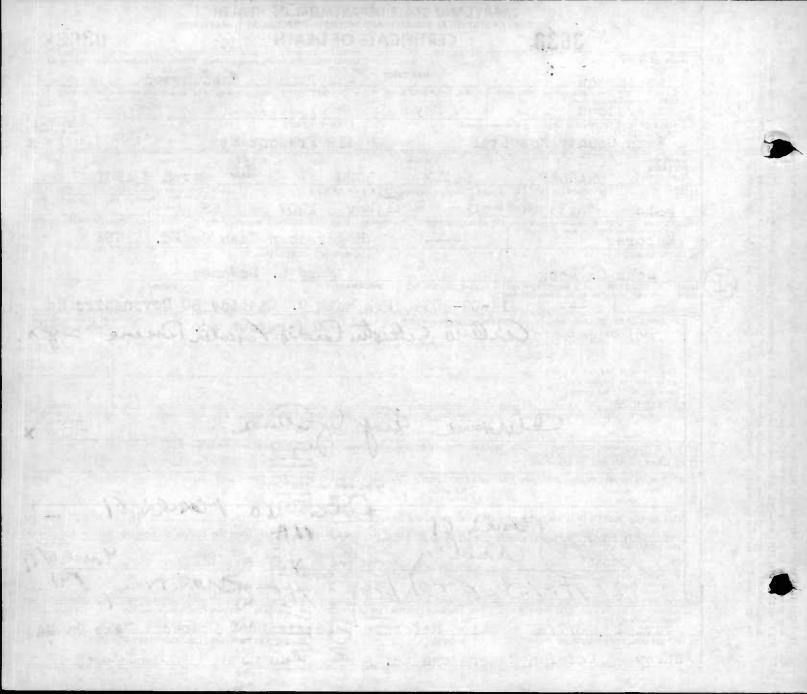
MARYLAND	STATE	DEP	ARTMEN'	T OF	HEAL	.TH
ON OF STATISTICAL	RESEARCH	AND	RECORDS -	BALTIN	ORE 1,	MARYLAND

CERTIFICATE OF DEATH

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	3633		CERTIFIC	ATE OF DEA	TH 3	302		03628
1. PLACE OF DEATH o. COUNTY Washir	gton		MARYLAN	2. USUAL RESIDENCE o. STATE Marylar		ed lived. If institute b. COUNT	· V	efare admission)
b. CITY OR TOWN RURAL ond give Hagers	(If autside carporate limi neorest tawn)	its, write	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	N (If outside corp	porote limits, write	RURAL and give	nearest town)
d. NAME OF HOS OR INSTITUTION	County Ho			d. STREET ADDRE		St	1	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print)	CHARLES	rst	Middle EL MER	LONG	4. DATE OF DEAT		onth h 5 196	Day Year 1 19
5. SEX Male	6. COLOR OR RACE	7. MARRI WIDOWE	DIVORCED	B. DATE OF BIRTH	7	9. AGE (In year last birthday) 53 yr	Months Day	AR IF UNDER 24 HRS s Hours Min.
10a. USUAL OCCUPA during most of w Labore	orking life, even if retired	done 10b. I	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (country) sh Co Mo		OF WHAT COUNTRY
13. FATHER'S NAME John	C. Long			14. MOTHER'S MAIL	E. MON	Vamee		
1S. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dales of s	service)		rinformant G.		Ac	ddress Devonsh	ire Rd
Conditions, if gove rise to couse (a), statis lying couse los	immediate DUE TO	=)	ONTRIBUTING TO DEATH	BUT NOT REPATED TO THE	TERMINAL DISEA	SE CONDITION C	GIVEN IN PART 1(c	PERFORMEDY
OR CONTRIBUTION	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	RRED (Enter no ure of inju	ry in Part I or Po	art II of item 18.)		YES NO
20c. TIME OF INJ Hour a. n p. n	10	While	Not while of wark	PLACE OF INJURY (Home foctory, street, office bldg		ity ar tawn)	(Coun	ity) (Stote
saw the dece	hat (1) (this haspite eased alive on	attend attend	ed the deceased from	nt death accurred d	A-M, fran	n the causes o	and an the do	that (1) (ne) las ate stated above
22c. PHYSICIAN' NAME (Type		ea o	- ECAI	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR [STAFF PHYS.	me	sick grown
23a. BURIAL, CREMA REMOVAL (Spec Buria	(1) 3/7/61	OF St		med Cemete:	ry near		oss Was	
Andrew	K Coffman	Hagi	address erstown Md.		REC'D BY REGI		GISTRAR'S SIGNA	



by the funeral director,

s after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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0009				
1. PLACE OF DEATH o. COUNTY ashington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. If institution: Residen	ice before admission)
b. CITY OR TOWN (If outside corporate limits, wri	ite c. LENGTH OF STAY IN 16	*	utside corporate limits, write RURAL and	give nearest town)
Hagerstown	13 Hrs	Hagers.	town	
d. NAME OF HOSPITAL (If nat in hospital, give str OR INSTITUTION		d. STREET ADDRESS	it Ave	e. IS RESIDENCE ON A FARM?
Wash County Hospita		F 409 BUILLI	I U A V C	YES NO
3. NAME OF DECEASED (Type or print) SUE	Middle CATHERINE	MACLAY	4. DATE Month OF DEATH March 3 19	Doy Yeor 361 19
5. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS
1011510		November 26	1873 87 yrs.	Days Haurs Min.
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU			IZEN OF WHAT COUNTRY
Housewife	Own Home	Prrstown J	Franklin Co Pa	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Clayton Stake		No Reco:	rd	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
	03-10-9491 Mr	s Bessie Lu	ndey 439 Summit	Ave
18. CAUSE OF DEATH [Enter only one cause p	per line for (o), (b), and (c).]	Hagersto	wn Md.	INTERVAL SETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED 8Y: , IMMEDIATE CAUSE (a)	Les Ocasoico	D 7. 2.0	Lu 10	14/10
1120. DUE TO	mystada	- Figure	, com	11.00
Conditions, if ony, which) (b)	0. 0 0	f. : 200.		10-15
gove rise to immediate	guerne a	yar (doce	cases T	10-109
couse (o), stoting the <u>under</u> . DUE TO lying couse last.	a foreing	lentis Go	ast cliseare	0
/ (0)	ONS CONTRIBUTING TO DEATH 8UT		NAL DISEASE CONDITION GIVEN IN PAR	RT 1(o) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION Di Gold You House 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	elita _ os	to arthur to	u'	PERFORMED?
E 20a. ACCIDENT WAS UNDERLYING ☐ 20b.	DESCRIBE HOW INJURY OCCURRE		Part I or Port II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH				
	od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f. (City or town)	County) (State
Hour o.m.	/hile Not while fa	ctory, street, office bldg., etc.		
	work at work			
21. I certify that (I) (this hospital) at	tended the deceased from.	Kas 1 19	61, to Mas 3, 196,	, that (I) (we) las
saw the deceased alive anMad	19.6/, and that a	death accurred at/0	M, fram the causes and an the	e date stated abave
220. SIGNATURE	Sta III	ATTENDING ME		22b.DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	,	22d. ADDRESS		
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town, or county)	(Stote)
Burial 3/6/61	Smithsburg C	enetery S	mithsburg Wash (TA MA
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE
4 - 70 -	Jacanstown Ld	DATE MA		1.4

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h may be led by the haspital or attending physician.

O FUNER CONTRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours ofter death. TO HOSPITA VR A15 (4) 15M 9/59

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be if ed by the haspital or attending physician.

TO FUNERACIBECTOR: After this certificate has been signed by the attending physician and completely filled for the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. VR A15 (4) 1SM 9/S9

	MARYLAND STATE DEPARTMENT OF HEALTH
T C DIMISIO	ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
6602	CERTIFICATE OF DEATH

	0000	CERTIFICA	TE OF DEATH			1	1363	11
	PLACE OF DEATH S. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Laryland		ved. If institution in the country in ing to		before adm	ission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporati			ve nearest to	wn)
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION		d. STREET ADDRESS				ON	ESIDENCE A FARM?
=	Wash County Hospi	tal	Antietar		age		YES] NO 🖳
	NAME OF DECEASED (Type or print) PEARL A	MARIE McCA	Lost ARRAHER	4. DATE OF DEATH	March		Day	Yeor
S. 1	SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		AGE (In years lost birthdoy)	IF UNDER 1	YEAR IF UN	DER 24 HRS.
100	Female White WIDOW USUAL OCCUPATION (Give kind of work done 10b.			392	69 yrs.	10 CITIZ	EN OF WHAT	COUNTRY
100	during most of working life, even if retired) Milliner	CIND OF BUSINESS OK INDU	Hagerstown				ISA	COUNTRY
13.	FATHER'S NAME	The second second	14. MOTHER'S MAIDEN N	AME				
	Jacob Berger		Jennie	Brag	unier			
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. In no. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	NFORMANT		Addr	ess		
	No		Harry J. Mc	Carra	her An	tiets	m Vi	llage
7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	rterwooled	Least far	line	ione		ONSET AN	Dan
CERTIFICATION	Carcina	CONTRIBUTION DEATH PUT	end of	un	res	EN IN PART		S AUTOPSY FORMED?
CERT	200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	None						
MEDICAL	Hour o. m. Name While		ACE OF INJURY (Home, form, story, street, office bldg., etc. None	20f. (City or	town)	(Co	ounty)	(Stote)
	21. 1 certify that (I) (this haspital) attends saw the deceased alive anMar.l							,
	220. SIGNATURE TU	11-	ATTENDING ME		STAFF PHYS.	54.30		226. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Dr. John D.	Turco	22d. ADDRESS 302 N. Po	tomac S	treet-H	agerst	cown,	Md •
230	Burial, CREMATION, 23b. DATE THEREOF 3/16/61	23c. NAME OF CEMETERY O		23d. LOCATIO	town	ash (o Md	tote)
24.	funeral director's signature Andrew K. Coffnan Ha	ADDRESS	25a. REC'E	BY REGISTRA	R 2Sb. REGIS	than 2.		

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	3636 CERTIFICATE OF DEATH Reg. Dist. No. (13631)
Poge directo	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) oSIAT Penna b. COUNTY Penna
funeral fundamental	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adjustion in a superior of the superior of t
vrs afte	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR I
filled Ses 1 Ses 1	3. NAME OF DECEASED (Type or print) Lester First Eugene molls-et OF DEATH much 38 1961
pletely ris. Page	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 8. DATE OF BIRTH ON 19 AGE (In years lost birthdoy) 7. Months Doys Hours Min.
nd cam	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY USA.
sician a re carbo	13. FATHER'S NAME WM H. millott. 14. MOTHER'S MAIDEN NAME Commenda mellott.
ng physe remay 72 hau	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service)
attendi n pleas t within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond, (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) URE THE CAUSE OF DEATH ONSET AND DEATH
by the sit. The ny even	Conditions, if any, which) (b) Obstructed both lower westers 3 days
an. signed sit perm	gove rise to immediate couse (o), stating the under lying couse lost. Carcinoma of Prostate Carci
physicial physicial as been ial-tran saval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \text{NO} \sigma \text{VEX.} \) YES \(\sigma \text{NO} \text{NO} \text{VEX.} \)
Ficate has the pur the bur or rem	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar att his certi use as emation	20c. TIME OF INJURY Month, Day, Year Not while of work
After t After t ched for priot, cr	21. I certify that I attended the deceased from March 26, 19 6/, to March 28, 19 6/, that I last saw the deceased alive on March 28, 19 6/, and that death occurred at 4 400M, from the causes and on the date stated above
A ATTER d by the ECTOR: oe detoc or to bu	ACTUAL SIGNATURE Det 6 (c) 6 purp m & MD . Its trang St.
TAL OF	PHYSICIAN'S JOSEPH C. CRISP MD. Hogenstown Ind.
HOSPI may be FUNER coge 3 the regis	220. SURIAL, CREMATION, REMOVAL (Sepcify) Durial 22b. Date THEREOF 3-31-61 Mt. Zion Luth. Cem. 22d. LOCATION (City, town, or county) Breezewood, Penna.
5-5	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	Scott F. Minnich & Son, Hagerstown, Md DATE APR 3 '61

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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be lined by the hospitol or attending physicion.

NELECTOR: After this certificate has been signed by the ottending physicion and completely filled.

INELECTOR: After this certificate has been signed by the ottending physicion and completely filled.

INELECTOR: After this certificate has been signed by the ottending physicion and completely filled.

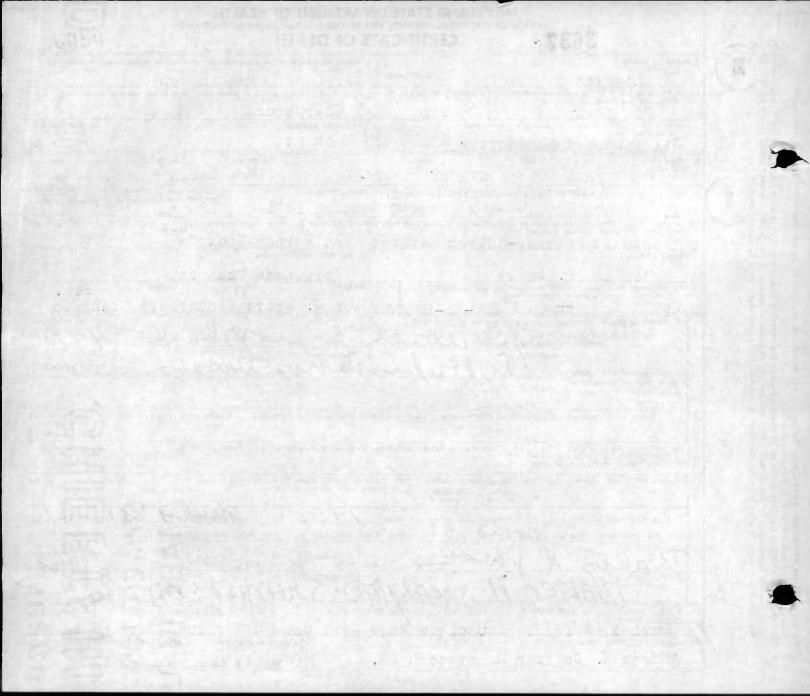
INELECTOR: After this certificate has been signed by the ottending physicion and completely filled.

INELECTOR: After this certificate has been signed by the ottending physicion and completely filled.

INELECTOR: After this certificate has been signed by the ottending physicion and completely filled. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 21h

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15	A15 M 9/	59'

	1. PLACE OF DEATH			MA	RYLAND	o. STATE			lived. If institution b. COUNTY		ce befor	re admissi	on)
1	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STA		CITY OR			ning ton		give nea	rest town)	
	RURAL and give neo	ausport		23 Yrs		~ ~ .	rosbi			3.9			
1	d. NAME OF HOSPITA OR INSTITUTION		give street o			d. STREET A	ADDRESS					e. IS RESI ON A	
1		port San	ator	ium		/ Main	st					YES 🗌	
	3. NAME OF DECEASED (Type or print)	FRED	-	JEROME		OORE	st	4. DATE OF DEATH	March		61	y Y	eor 9
V	S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MAR	RIED 🔲	B. DATE OF BIRT	Н	9	P. AGE (In years	IF UNDER	-		
A	Male	White	WIDOWE			Sept 26			lost birthdoy) 89 yrs.	Months	Doys	Hours	Min.
	10a. USUAL OCCUPATION during most of working	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPI	LACE (Stote of	or foreign co	untry) Ohio	12.CITI	ZENOF	WHATC	SUNTRY?
	Presiden			lison Re	tire	d lat	Verno	on Kn	ox Co		U	SA	
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
		am B. Mo					zabe	th Fh	aharty			-	
	0.0	IN U. S. ARMED FOR yes, give war or dates of s	CES? 16. ervice)		1 4	NFORMANT		***	Addi			Fla	
	No		3	44	109A	A TO S		ore W	inderme	re		nge C	
	18. CAUSE OF DEAT	H [Enter only one co H WAS CAUSED BY:	use per tr	for (o), (b) and (c).]	Box 17	4	MA	10000	2		ET AND	
	231V	IMMEDIATE CAUSE (c		000	La	THE ?	m	20 90	nay		4	81	april 1
	Conditions, if on	DUE TO	181	, mal	16	Sten	1115	PVIL	Asia	1000	5	-01/	10.
1	gove rise to im	mediote Dus To	(a)	w ca	- 9	10000	00 2				-	1	
1	couse (o), stoting the lying couse lost.	ne under-	1										
۱	PART II. OTHE	R SIGNIFICANT CON	DITIONS	ONTRIBUTING TO (DEATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS A	UTOPSY
	CATI											YES [
	PART II. OTHE	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY	OCCURRE	ED. (Enter noture o	of injury in P	ort 1 or Port	II of item 18.)		3,10	72	
ı	WE DICATION OF INJURY Hour o. m.	Month, Doy, Ye	or 20d. It	NJURY OCCURRED		ACE OF INJURY			or town)	(0	County)		(Stote)
	Hour o.m.	19	While of world	Not while	10	ctory, street, offic	e blog., etc.		,				
1	21. I certify that	(I) (this hospita	1) attend	ed the decease	d from.	195	-5 19	120	auch 9	19	1. tb	at (I) (v	ve) last
1	saw the decease	1 40	orch	4 / 1		death occurre	d at	M, from I	he causes an	d on the		. , ,	,
1	220. SIGNATURE	A- 11	CA	a Le				-					DATE
	Val	w N.	yn	an T		M.D. ATTENDIN		RECTOR -	STAFF PHYS.		3	1111	61.
	22c. PHYSICIAN'S NAME (Type)	1/ALTEX	H	·SheA	XVI	My 22d. ADDR	MA	17/5	bayo	1, 1	Ale	1	
	230. BURIAL, CREMATION	, 23b. DATE THEREC)F	23c. NAME OF CE	METELY C	OR CREMATORY		23d. LOCAT	ION (City, town,	r county)		(Stote)
	REMOVAL (Specify)	3/12/61	Me	usoleum	Ros	e will	Cem	Hage	rstown	Wash	1 00	Md	
	24. FUNERAL DIRECTOR'S			ADDRESS		11	250. REC'E	BY REGISTE	RAR 25b. REGIS	STRAR'S SI	GNATU	RE	
	Andrew R	. Coffna	n Ha	gerstow	n had		DATE M	AR 1 4 '	61 (ather.	8 th	ALLA	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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	3038	CLKI	IFICATE	E OF DEATH			(7	3000	
PLACE OF DEATH O. COUNTY	Washington	M	ARYLAND 2	o. STATE Md.	ere deceased liv	ved. If institution b. COUNTY	Residence to Washin	pefore admiss	ion)
b. CITY OR TOWN RURAL ond give	(If outside corporate limits neorest town) COWN	s, write c. LENGTH OF ST		c. CITY OR TOWN (If o		limits, write RUI	RAL ond give	nearest town)
d. NAME OF HOSP OR INSTITUTION W. Md. S	tate Hospital	ve street address)		d. STREET ADDRESS 876 Virgi	nia Ave	• ,	1	e. IS RES ON A YES	IDENCE FARM?
3. NAME OF DECEASED (Type or print)	WALTEI	R HOCI		MULLENY	4. DATE OF DEATH	MARCI		/	Yeor 19 <i>61</i>
male		7. MARRIED NEVER MA		pril 2, 1890			Months Do	ys Hours	R 24 HR Min.
10a. USUAL OCCUPAT during most of wa retir	rking life, even if retired)	slsmn Bohma	S OR INDUSTRY	Y 11. BIRTHPLACE (Stote				OF WHAT C	OUNTRY
3. FATHER'S NAME			1	14. MOTHER'S MAIDEN N					
Cha	rles L Mulle	enix		Florence	L Hoch				
		CES? 16. SOCIAL SECURITY		. Pearl Mull	enix	Hagerst		d.	
Conditions, if gove rise to cause (a), stating lying couse lost	g the under-	DITIONS CONTRIBUTING TO	DEATH BUT NO	OT DELATED TO THE TRAIN	MAI DISEASE S	ONDITION	NI INI DA DT 3/	allo Mas	ALITOR
CATIO	THER SIGNATURAL CONE	ATTORIS CONTRIBUTINO TO	DEATH BOT INC	NECKTED TO THE TERM	TAL DISLASE C	ONDINON ONL	4 114 (2001) (PERFO	BMED?
20a. ACCIDENT V	VAS UNDERLYING	20b. DESCRIBE HOW INJUR	OCCURRED.	Enter noture of injury in I	Port I or Part II	of item 1B.)		YES T	NO [
OR CONTRIBUTIN	IG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Yea		20e. PLACE	E OF INJURY (Home, farm γ, street, affice bldg., etc	20f. (City or	town)	(Сол	nty)	(State
20c. TIME OF INJU- Haur a. m. p. m. 21. I certify the saw the deced	G CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Manth, Day, Yea 19 not (I) (this hospital)	20d. INJURY OCCURRED	20e. PLACE factor	E OF INJURY (Home, farm y, street, office bldg., etc	20f. (City or	town)	. 1961	that (1) (ate stoted	(State
20c. TIME OF INJU Hour a.m. p. m. 21. I certify th saw the decer 22o. SIGNATURE	CAUSE OF DEATH Y MEDICAL EXAMINER) DRY Manth, Day, Yea 19 nat (1) (this hospital) ased alive on 3— Wis W. Pal	while Nat while of wark of the deceos	20e. PLACE factor,	E OF INJURY (Home, form y, street, office bldg., etc.) 19 21th occurred of 25 22th occurred of 25 24th occurred of 25 25th occurred of 25 25th occurred of 25 25th occurred of 25th occurred occurred of 25th occurred of 25th occurred occurred of 25th occurred	20f. (City or) 20f. (City or)	town)	. 1961	that (1) (ate stoted	(State
20c. TIME OF INJU- Haur a. m. p. m. 21. I certify the saw the deceded 220. SIGMATURE	CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Yea 19 nat (1) (this hospital) ased alive on 3 Living W. Pal	or 20d. INJURY OCCURRED While Not while of work of work	ed from 3 and that dea	E OF INJURY (Home, form y, street, office bldg., etc.	M, from the	town) - 3.0 e causes and STAFF 1/2 VRNIB	on the d	that (1) (ate stoted	(State (State above b. DATE SIGNE
20c. TIME OF INJU- Hour a. m. p. m. 21. I certify the saw the deceder 220. SIGMATURE 22c. PHYSICIAN'S NAME (Type)	CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Yea 19 nat (1) (this hospital) ased alive on 3— ANTO NIO JON, 23b. DATE THEREO 4—1—61	or 20d. INJURY OCCURRED While of work of work attended the deceos 30 - 1961., a Clayor H W. PALLAGR F 23c. NAME OF C	ed from 3 and that dea	e OF INJURY (Home, former, street, office bidg., etc.) g = 19 ath occurred of 3/2 ATTENDING MI PHYS. DI 22d. ADDRESS 1500 PEN CREMATORY metery	M, from the RECTOR 23d. LOCATION Hager	town) - 3 0 e causes and STAFF PHYS.	on the d	that (1) (ate stoted 22) HBCE (State	(State above b. DATE SIGNE

moy be indeed by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificote has been signed by page 3 should be detached far use as the burial-transit permit. the State Board of Health prior ta burial, cremation, ar remaval, TO HOSP VR A15 (4) 1SM 9/59

OR ATTENDING PHYSICIAN: The law

by the funeral director, and 2 should be filed with

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the attending

Then please remave carbon papers. Pages 1

in any event, within 72 hours ofter death.

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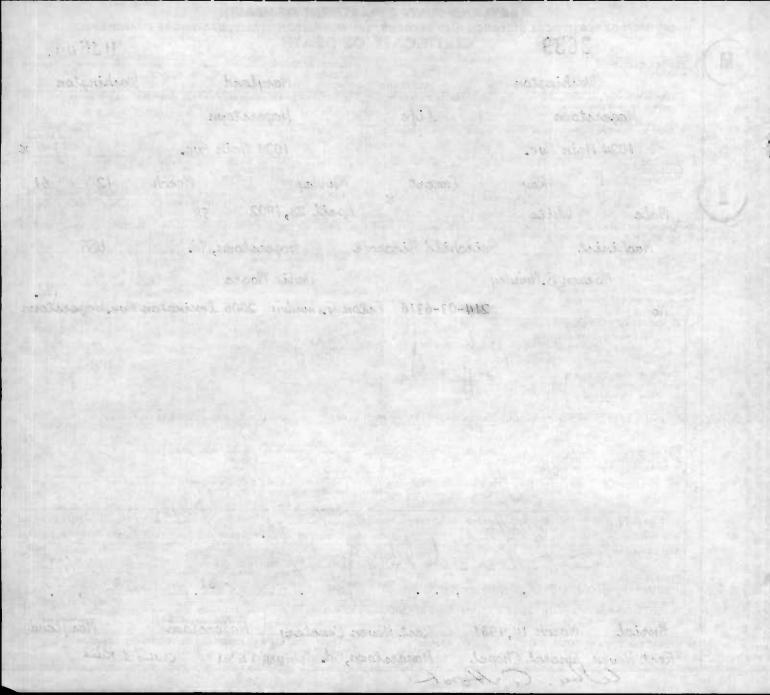
requires that the death certificate be executed within 24

irs after death. Page 4

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DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3639 funerai 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution: Residence before admission) a. COUNTY Washington Maryland Washington MARYLAND b. CITY OR TOWN (if outside corporete limits, and c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 writa RURAL and give nearest lown) Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? hours 1024 Main Ave. 1024 Main Ave. YES NO X NAME OF Middle 4. DATE complete DECEASED (Type or print) DEATH Kau mmert. Munday 19 Tarch carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR last birthdey) physician and Months Hours April 28, 1902 Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Machinist Fairchild Aircraft Hagerstown Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding Norman S. Munder Annie Moore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SOCIAL SECURITY NO.1 (Yes, no, or unkown) | (Ifyes give war or dates of service) Eston G. Mundey 2006 Lexinaton Ave Hagerstown No 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: relater IMMEDIATE CAUSE (a) DUE TO gave rise to immediate ceuse DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY certificate PERFORMED prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Pert II of Item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or lown) (County) (Stata) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Nol While Hour a.m. et work et work 19 to 5/12/61 19 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 3/16/54. 22e. SIGNATURE ATTENDING. MED. STAFF SIGNED PHYS. DIRECTOR PHYS. page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Howard weeks. A.D. otomac St. . Harerstoin FUNE director, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOYAL (Specify) Rest Haven Cemetery 0 Magerstown Burial 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Hagerstown, Md. DATEMAR 15'61 arthur S. Kraus Rest Haven Funeral Chapel 15M 9/60 lu. a. Horst

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3640 CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Matter deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) RURAL and give nearest (pagn) d. NAME OF HOSPITAL (If not in hospital, e. IS RESIDENCE give_street oddress) d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO NO NAME OF Middle 4. DATE Month Year DECEASED (Type ar print) DEATH 196 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years FUNDER YEAR IF UNDER 24 HRS. SEX MARRIED NEVER MARRIED lost birthday) Manths Days WIDOWED [DIVORCED [USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. MO IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TY 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while ot work at work 196/_, that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from 10 6 / and that death occurred at 24 M, from the couses and on the date stated above. sow the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS.

M.D.

the funeral shauld be fil Pages death. Ē completely after papers. pup S physici attending ! ā by permi been signed burial-transit has certificate this SIRECTOR: pe Baard 3 shauld FUNERA page 3 the State

physician. attending 0

22c. PHYSICIAN'S NAME (Type)

OR'S SIGNATURE

REMOMAL (Species

23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

22d. ADDRESS

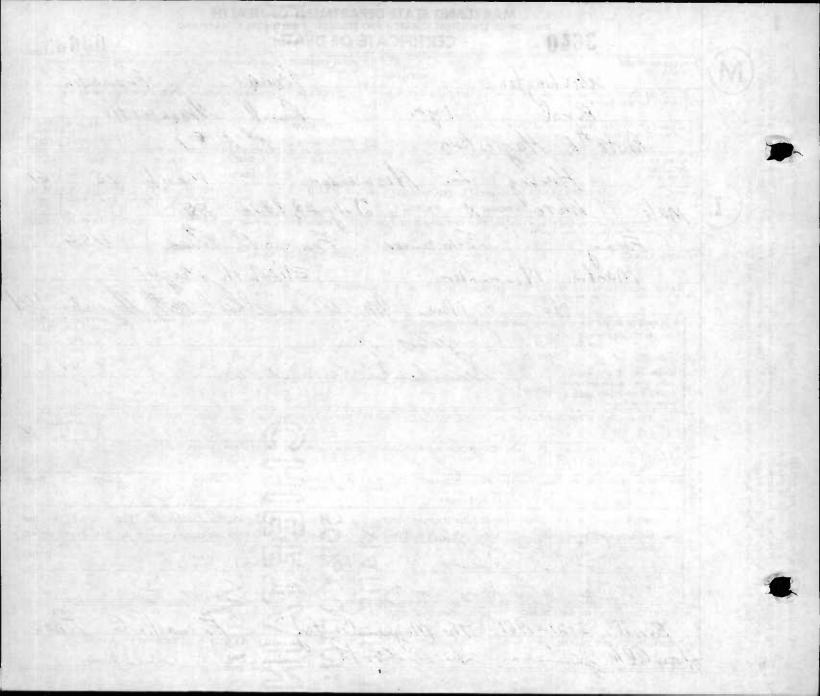
DIRECTOR

23d. LOCATION (City, town, or county)

25b. REGISTRAR'S SIGNATURE

T. REC'D BY REGISTRAR DATEMAR 2 2 16"

VR A15 (4) 15M 9/S9



TUNGHAL 143 MI TO HOSPITY OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 how after death. Page 4 may be read by the hospital or attending physician.

TO FUNERAL CORECTOR: After this certificate has been signed by the attending physician and campletely filled it. In the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar removal, and in ony event, within 72 hours after death DR. DITTO-III HAGERSTOWN MD

VR A15 (4) 15M 9/59

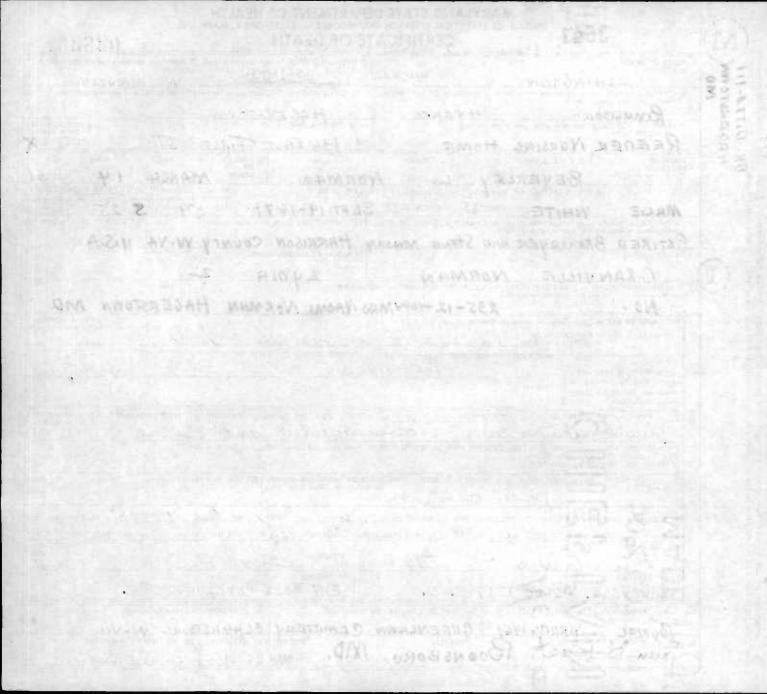
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		3641	ems	CERTII	FICA	TE OF DEATH	า wk		_0363	6.
	PLACE OF DEATH	HINGTON		MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE NIAR L	ere deceased lived	b. COUNTY	sidence before ad	lmission)
		f outside corporate lin		c. LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (IF or				town)
	d. NAME OF HOSPIT	AL (If not in hospitol,	give street o	HY KARS		d. STREET ADDRESS	STOWN			RESIDENCE ON A FARM?
1	KEEDE	12 Nursin	10 H	OME		136 EAST	FIRST	· ST.	YES	S NO NO
	NAME OF DECEASED (Type or print)	Beverly	irst IZL/#E/ L	Middle		Lost VORNIAN	4. DATE OF DEATH	Month MAKCH	Day 14	Yeor 19 6 /
5. 5	SEX	6. COLOR OR RACE	-	ED NEVER MARR		B. DATE OF BIRTH	9. AG	E (In years IF U)	DER 1 YEAR IF U	INDER 24 HRS
	MALIE	WHITE	WIDOWE			SEPT. 19-187	7 105	birthdoy) Mon	ths Days Ho	urs Min.
10a	. USUAL OCCUPATION during most of work	ON (Give kind of work ling life, even if retire	done 10b. 1	KIND OF BUSINESS	OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country)	12	CITIZEN OF WHA	AT COUNTRY
13	FATHER'S NAME	BRICKLAYE	12 AND	Stone N	1ASO	HARRISON 14. MOTHER'S MAIDEN N	COUNTY	W.VA	U.S.A.	
)	CrRAI	VVILLE	No	RMAN		4401	A 2			
15. (Ye:		R IN U. S. ARMED FO (If yes, give war or dates of		OCIAL SECURITY NO	D. 17, IN	IFORMANT		Address		
	No.		2.	35-12-46	94MI	SS NACMI NOR	MAN t	HAGERST	N NWO	10.
		TH [Enter only one of	ause per lin	e for (o), (b), ond (c)	.]		,	.0	INTERVA ONSET A	L BETWEEN
	PARI I. DEA	TH WAS CAUSED BY:	0) (6	a curou	e ca	of proster	Le WI	YG		
	1 1 61	DUE TO	0	1440	fast	and i			, ,	·v
	Conditions, if or	mmediate	b)	7000	100/				256	1.
	cause (a), stating tying cause last.	the under-								
NO	PART II. OTH	IER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN	PART 1(a) 19. W	AS AUTOPSY
CATION	general	artena.	o clero	uni è a	refer	inschentic	Clast.	clis ease		RFORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY (OCCURRE	D. (Enter noture of injury in P	ort I ar Part II of	item 1B.)		
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yo	20d. IN While of work	Not while of work	20e. PL	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City or to	∾n)	(County)	(State
	21. I certify tha	t (I) (this haspita	I) attend	ed the deceased	fram_	12cm/ 125	J. to Ma	LH:	1966, that (I) (we) las
		ed alive an	b /			leath accurred at/1				
	220. SIGNATURE	and w	018	12 EH		ATTENDING ME		AFF	3,	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Edward	W. Ditto	111	, M. D.		22d. ADDRESS 217 West	Washi	ngton S	t.	
230	REMOVAL (Specify)	N, 23b. DATE THERE		23c. NAME OF CEN			41	City, town, ar cou		(State)
24	FUNERAL DIRECTOR	S SUGNATURE	146/	ADDRESS	AWW	O ENIETTEILY	BY REGISTRAR	25b, REGISTRAR	'S SIGNATURE	
	John D	-10ast	130	ONSBOE	20	SYID, DATMAR		Octhur		

arthur S. Kraus

DATMAR 21 '61



s ofter death. Page 4

2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 pmay be recorded by the hospital or oftending physician.

TO FUNERAC DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 c the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 hours ofter death.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STA	1	AND RECORDS — BALTIM	ORE 1, MARYLAND		
3642	CERTIFICA	TE OF DEATH		0	3637
). PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (When I STATE Maryland	re deceased lived. If instituti b. COUNTY WAShin		ore admission)
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest tawn)	LENGTH OF STAY IN 16		Iside corporate limits, write R		earest town)
d. NAME OF HOSPITAL (If not in haspital, give street addr	4 Hrs	d. STREET ADDRESS	rstown R	带 3	e. IS RESIDENCE
Wash County Hospital		College Ro	ad		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JEANNETTE HENRI	Middle ETTA RALS	STON	4. DATE Mor OF DEATH March	3 1961	
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED F	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday) 54 yrs.	Months Days	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIN)				12. CITIZEN C	OF WHAT COUNTRY
during most of working life, even if retired) Saleslady Dep 13. FATHER'S NAME	t Store	Baltimore	U = 0.	USA	
John J. Cook		Anna U	nkle		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOC (Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT	on Hagersto		R # 3
1B. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	or (0), (b), ond (c).	College	Road	OV IN	TERVAL BETWEEN
Conditions, if ony, which gave rise to immediate couse (a), stoting the under. lying couse lost.	Centra	Cerany			1 gr
PART II. OTHER SIGNIFICANT CONDITIONS CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ITRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	ial disease condition giv	VEN IN PART 3(0)	19. WAS AUTOPSY PERFORMED? YES NO
	E HOW INJURY OCCURRE	ED. (Enter nature of injury in Po	art I or Part II of item 1B.)		
20c. TIME OF INJURY Manth, Day, Year 20d. INJUI Hour a.m. 19 While at wark	Nat while fo	LACE OF INJURY (Hame, form, octary, street, office bldg., etc.)	20f. (City or town)	(County	(State
21. 1 certify that (I) (this hospital) attended sow the deceased alive on	/2/	Tak	n, from the couses ar		hat (I) (we) los e stated above
220. SIGNATURE	Forger		D. STAFF PHYS.	3-3	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
REMOVAL (Specify)	Rest Haver	Cemetery :	23d. LOCATION (City, town, Hagerstown	or county)	(State)
24. FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffman Ha	ADDRESS	25a. REC'D DATE		Callen &	

VR A15 (4) 15M 9/59

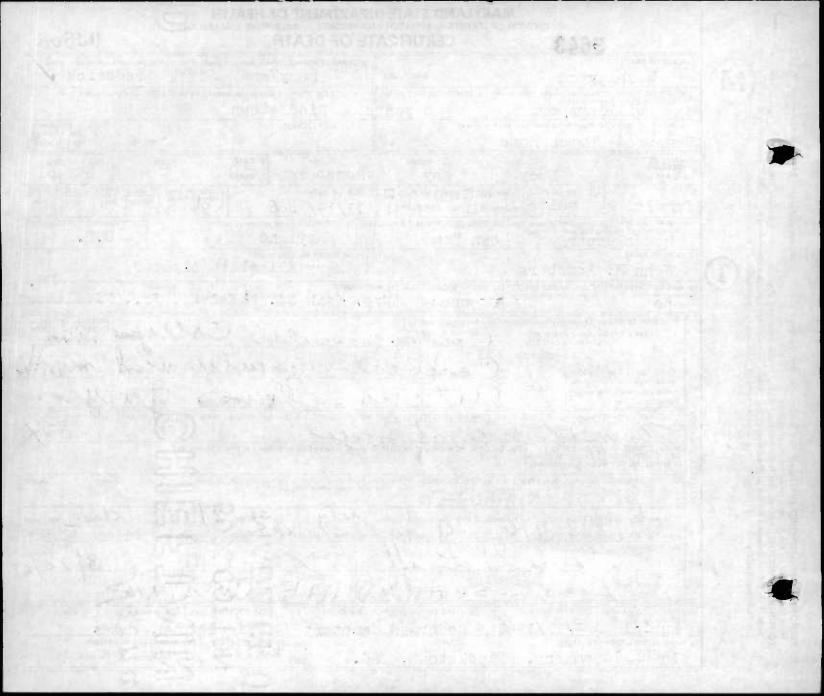
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VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

261.3

	JU20					(, 0 - (
1. PLACE OF DEATH o. COUNTY Washi	ngton	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl			ence before admission)	/
RURAL ond give ne	outside corporate limits, write orest town) Lamsport	c. LENGTH OF STAY IN 16 8 year	c. CITY OR TOWN (IF or Middle		, write RURAL and	d give nearest town)	
OR INSTITUTION	AL (If nat in hospital, give street Church Home	oddress)	d. STREET ADDRESS		10%	e. IS RESIDE ON A FA YES N	RM2
3. NAME OF DECEASED (Type or print)	First	Middle May	Remsberg	4. DATE OF DEATH	Month 3	Day Year	_
s. sex female	6. COLOR OR RACE 7. MAR WIDOW	THE CONTRACTOR OF THE CONTRACT	8. DATE OF BIRTH 11/19/1866	9. AGE (last bi	rthdoy) Manths	Doys Hours	Min,
houseke	ing life, even if retired)	wn home	Marylan	_	12. CI	U.S.	NTRY?
John H.	Remsberg		Mary Eli	zabeth L	ighter	3.4	• 2
	R IN U. S. ARMED FORCES? 16 If yes, give war or dates of service)		s. Noah Ed.	Kefauve	Address r, Jr.	, Middlet	id.
Canditions, if or gave rise to it couse (a), stoting I lying couse lost. PART II. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	mediate DUE TO (c) ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	eye			ART I(o) PS. WAS AUT PERFORM YES N	ED?
20c. TIME OF INJURY Hour a. m. p. m.	While	6-	ACE OF INJURY (Hame, farm, tory, street, affice bldg., etc.	20f. (City or tawn)		(County)	(Stote)
21. I certify that saw the deceas 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	(I) (this haspital) attended alive an 5	1961, and that o	eath accurred at P		uses and an th	, 22b. D.	bave.
23a. BURIAL, CREMATIO REMOVAL (Specify) DUTLAT	N, 23b. DATE THEREOF 3/11/1961	23c. NAME OF CEMETERY O	r CREMATORY Cemetery	23d. LOCATION (City Middlet	y, tawn, or county) (Stote) Md.	
Gladhill	CM	address iddletown, 1		AR 1 3 '61	56. REGISTRAR'S !	S. Kraus	



DEATH

3644	CERTIFICATE	OF
2043	CERTIFICATE	0.

03639

	0011					(7 - 0 - 0				
1. PLACE OF DEATH a. COUNTY	nebinaton	MARYLAN	2. USUAL RESIDENCE (V		b. COUNTY					
	ashington (If autside corporate limits, w	rite c. LENGTH OF STAY IN		Maryland Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
RURAL and give	nearest town)									
	encock Md.	80 Yrs		nancock	Marylar	e. IS RESIDENCE				
OR INSTITUTION	ITAL (If not in hospital, give s	rreer address)	d. STREET ADDRESS			ON A FARM?				
	Home .					YES NO NO				
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year				
(Type or print)	John	n Wesley	Robinso	n DEATH	3	27 19 63				
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AC		ER 1 YEAR IF UNDER 24 HRS.				
M	W wit	DOWED DIVORCED	11.7.1871	101	Month:	Days Hours Min.				
10a. USUAL OCCUPAT	ION (Give kind of work done	10b. KIND OF BUSINESS OR IN		te ar foreign cauntry	12.0	ITIZEN OF WHAT COUNTRY?				
	rking life, even if retired)	Labor	Rodfond	County	Panin	U.S.A.				
13. FATHER'S NAME	<u> </u>	Tabol.	14. MOTHER'S MAIDEN		rema •	0.0.1.				
	1 77									
	t Known VER IN U. S. ARMED FORCES?	LIV SOCIAL SECURITY NO. L	Not K	nown	Address					
(Yes, no, or unknown)	(If yes, give war or dates of service)					. W.				
No		None	Russell Rob	inson Ru	iral 2 H	ancock Md.				
	EATH [Enter only one cause	per line for (a), (b), and (c).	, ,	16	0	ONSET AND DEATH				
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Le	retral	Lemi	mhau	10 10 90				
331	DUE TO	6	1./	1	' /					
Conditions, if	any, which)	and	erro LCl	1002	11					
gave rise to	immediate Dur TO		1							
lying couse last	g the under-									
_	_ / [9]	DNS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN IN P	PERFORMED?				
2					10.1	YES NO				
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING 1 20b IG 1 CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of impry i	n Part I or Part II at	item 18.)					
		od. INJURY OCCURRED 200	e. PLACE OF INJURY (Hame, fa		ıwn)	(County) (State				
Hour o.m	10	Vhile Nat while t work at wark	factory, street, affice bldg., e	itc.)						
			300	61	3/27	61				
	ased alive an3	tended the deceased from	at death accurred at	Tram the	causes and an i					
220. SIGNATURE	n 10 .	1				22b. DATE				
2/1	whote	~	M.D. PHYS.	MED. ST DIRECTOR PH	AFF HYS.	SIGNED				
22c. PHYSICIAN'S NAME (Type)	L'M5H	SFFER	MD 22d. ADDRESS	XIGO	CK, U	Nd Th				
23a. BURIAL, CREMAT	ON, 23b. DATE THEREOF	23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION	(City, town, or count	y) (State) Md				
REMOVAL (Specif	3.30.61	Stone Bre	thern Cemete		Hancoc	k Washingto				
24. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		C'D BY REGISTRAR	2Sb. REGISTRAR'S	1.				

y the funeral directar, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be read by the hospital an otherding physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health prior to burial, cremotian, or remayal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/S9

after death. Page 4

Fire Level and an iner s First Managook May 100 The Language of Managook Conduction Language Conduction Languag the fine was the reference and artist HE 1.7.1871 The course is released beautiful as the course of 20.0 Andrews (1 & 511) THE RESERVED STATE OF THE PROPERTY OF THE PROP Levely of Honey was age 10. THE WORLD STATE TO THE SALE AND THE WAY AND TH EMSHAFFER MD THANGERY MIC not so tensor appointed to any senstance meastered energy (10.00.1) to the The state of the s

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3645

	0030				(ioux)
o. COUNTY			2. USUAL RESIDENCE (Who o. STATE	here deceased lived. If institution b. COUNT	tian: Residence befare admission)
	Washington	MARYLAND	Maryla		Washington
b. CITY OR TOWN (RURAL and give no	If autside carporate limits, write	c. LENGTH OF STAY IN 16			RURAL and give nearest tawn)
Ruy Hag	erstown Md.	2 Dave	X Rurel 1	Hancock Mar	vland
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospital, give stre	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Western M	d.Cronic Des	ease Hosp.	Rural 2	Hancock Md.	YES NO
NAME OF DECEASED	First	Middle	ROBINSON	4. DATE MO	onth Day Year RCH Z 5 106/
(Type ar print)	NELLIE			9. AGE (In years	1701
. 364		ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	last birthdoy)	Manths Days Haurs Min.
Da. USUAL OCCUPATION	NA .	Db. KIND OF BUSINESS OR INDL	12.22.1877	or foreign country)	12. CITIZEN OF WHAT COUNTRY
during most at war	king life, even if refired)	La Carrier Land			
Housew	ire	Housewife	Washingt	on County M	d. U.S.A.
B. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
Teese A	Vounker		Monar C	H1177	
Yes, no, or unknown)	R IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	NFORMANT MATT	Ad	dress
No.	(in you, give wor or deres or service)	None Mr	s FRank Edd	v Rural 2 H	ancock Md.
	ATH Enter only ane cause per				INTERVAL BETWEEN
	ATH WAS CAUSED BY:		ONEUMON	10	ONSET AND DEATH
100	MANEDIATE CAOSE (O)	opours 1	" EU MON	/ //	L DINY 3
15/	DUE TO	0 > 0	200	10-	1000
Canditians, if a		BUDININAL	CARCINOM	1410515	NOI KIVE
cause (a), stating	the waden > DUE TO	104111	00	1400500	1. Mai
lying couse lost.	(c) C/	FRCINOMA U	F THE PH	NEREHS	4 MONTH
PART II. OT	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
3					YES NO
	AS UNDERLYING 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature af injury in	Part I ar Part II of item 1B.)	
	MEDICAL EXAMINER)				The Park of the Life
		6.	LACE OF INJURY (Home, farm octary, street, affice bldg., etc		(Caunty) (State
Haur a.m.	19 Wh	ile Nat while vork at work	scrary, sireer, diffice blug., etc	"	
			3-23- 19	11. 2-75	- 1961, that (1) (lo
		nded the deceased from.			
sow the decea	sed alive on 2	1967, and that	death accurred at	M, from the couses o	and on the date stated abov
Huto	uio M. Pollo	-gron	M.D. PHYS.	ED. STAFF PHYS.	22b. DATE 3 - 25- SIGNE
22c. PHYSICIAN'S		1	22d. ADDRESS		
NAME (Type)	ANTONIO V	1. PALLAGROS	SI 1500 PEN	NSYLVANI	A AVE MAGERSTO
3a. BURIAL, CREMATIC		23c. NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (City, town	, ar county) (State)
REMOVAL (Specify	2 29.61	Stone Prid	no Proti		Md -
Burial 4. FUNERAL DIRECTOR		ADDRESS	ge Brethern	D BY REGISTRAR 25b. REC	ok Washington
11	1000	11	0 2 0		other S. Krans
Hour	LA DRIE	a Hance	L MAL DATEMA	R 2 9 '61 CL	court d. round

NESSETHARM TO BE TO THE THE SELECTION OF STREET A looseas Lend reaction No. Chang programmed and A 2137EM 230.83.31 . S. S. S. W. N. Stramble combinations of transport to the office and find the most and the second second and the second The second teaming I was seen as the promotion of The second section of the second section is the second section of the second section is a second section of the second section is a second section of the second section secti Antonia H. Palkagua THE TOWNS IN PROCEEDINGS IN THE PROPERTY OF THE WAY TO SERVICE STREET not be well a the count of the country of the count The fact of the second of the MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMODE 1 MADE BALTIMORE 1, MARYLAND

HISTICAL KESEAKCH	MIND	KECOKD3	- DALIIM
CERTIFIC	ATE	OF D	EATH

3646

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302

1. PLACE OF DEATH O. COUNTY Washington MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLand Washington								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 1 Week						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown							
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Wash County Hospital						d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO							
3.	NAME OF DECEASED (Type or print)	EVEL YN		Middle ASKINS		UBEN Lost		4. DATE OF DEATH	Ma.r.o		3 19		Year	
5.	Female	6. COLOR OR RACE	7. MARR	NEVER MARRI		B. DATE OF BIRTH	100	7	9. AGE (In years lost birthday) 54 yrs.	-		IF UNDE Hours	R 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) Housewife Own Home 14. MOTHER'S NAME 12. CITIZEN OF WHAT COUNTY USA										OUNTRY?				
L		an "aski:	_		To a su		eresa	Fe.	inberg					
		R IN U. S. ARMED FOR If yes, give war or dates of s		None		ron Rub	en 1	133	Add Hanilto		vd			
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), and (c).	1/4	Lemon	Hage	ersto	wn Md.			ERVAL BE SEL AND		
	Conditions, if or	DUE TO		Rheema	ene	Kant	Les	eore				400	75.	
	gave rise to immediate cause (o), stoting the under- lying couse lost. DUE TO Concensioner - Breast - Metastrice & Micos.													
FICATION	PART II. OTH	ier significant con	DITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o)	PERFO	AUTOPSY RMED?	
CERTI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE). (Enter noture of	Finjury in F	Part I or Por	t II of item 18.)					
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 20d. INJURY OCCURRED While Nat while of work of work of work 19 20e. PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.)													
E	saw the deceas	t (1) (this happital	4 .	ded the deceased		-	19. 19. de de de la constante	G, ta A M, fram	the causes ar			, , ,	we) last l abave.	
	22a. SIGNATURE	Musle	wa	V		M.D. ATTENDING	DI	ED. RECTOR	STAFF PHYS.			3/2	b. DATE	
L	22c. PHYSICIAN'S NAME (Type)	Philip J.	Hirs	shman, M.D.		22d. ADDRE	15		Washingt				, 9	
1	Burial (Specify)	3/28/	61 B		etery o	~	ery F	23d. LOCA Tager	TION (City, town, Stown)	or county)	Co	(State	e}	
24	Andrew F		n Ha	address	Md.			D BY REGIST		istrar's s				

by the funeral director, 2 shauld be filed with may be and by the haspital or attending physician.

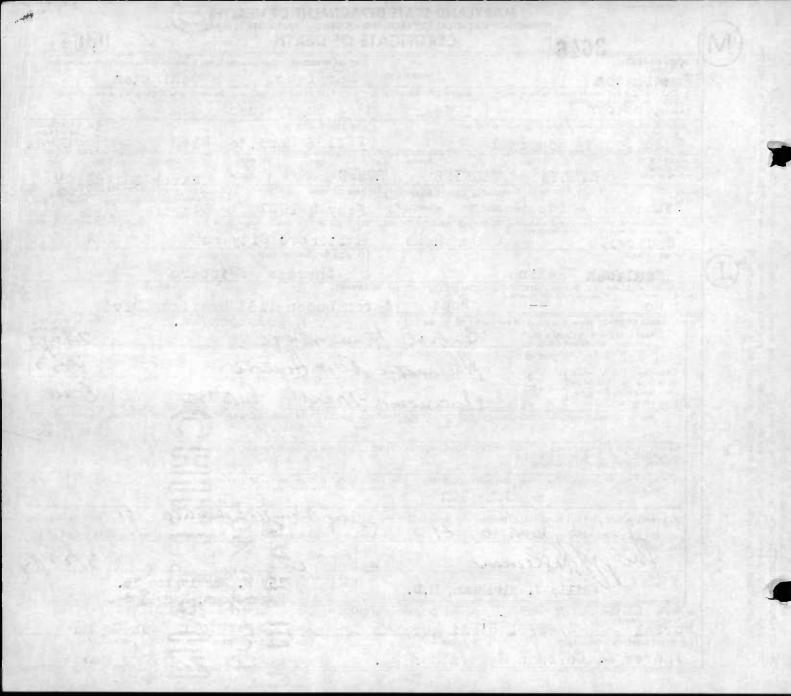
O FUNERRY, DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. TO FUNER

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

rs after death. Page 4

VR A15 (4) 15M 9/59

TO HOSPI



Item 18 Film 287 5-22 ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY director. Page Washington

b. CITY OR TOWN (if outside corporete limits, MARYLAND Washington c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest lown) 25yrs Hagerstown, Maryland. Hagerstown, Maryland | 25yrs
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) for Boar d. STREET ADDRESS e. IS RESIDENCE 0 ON A FARM? State 1715 Fonntain Head rd. YES NO death. NAME OF Middle 4. DATE Lost Month Dey and 3 to the DECEASED OF the (Type or print) DEATH Maire Kuss 13 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 28. This certificate should be executed within 24 hours after dear the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 Medical Examiner's Office along with form PM3. Page 5 may should be used as a burial-transit permit, File pages 1 and 2 wi lal, cremation, or removal, and in any event within 72 hours. last birthdey) Months Deys Hours WIDOWED DIVORCED Colored r'emale 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Private Family Washington, Domestic USA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Beatrice James Banks Weathers WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) 52-05-86996 Mrs. Beatrice Tate 459 Park Place 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Meningococcemia Aspiration of vomitus DUE TO Conditions, if eny, which Pulmonary congestion and edema geve rise to immediate cause Cerebral congestion and edema DUE TO (e), steting the underlying cremation, or ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. CERTIFICATION PERFORMED? cute the certificate, writing the word NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stele) fectory, street, office bldg., etc.) While Not While Hour am at work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, Suicide death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Dr. E. W. Ditto. NAME (Type) Jr. Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) its REMOVAL (Specify) Q40 o Rose Hagerstown Maryland 24. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE MAR 2 0 '61 Cirthury S. Fraus 5M 7/59

THE REPORT OF THE PROPERTY OF THE REPORT OF THE PROPERTY OF THE PARTY normalism Parkets mens & D. D. 51, 161 AMIS Bonnesia mesd no. Total Development 4561 IE 300 F 50 Sentures acathant eold I deel och arad epinenel mal Sockerjough STORY OF THE PROPERTY OF market and the state of the sta THE PERSON OF TH

3648	CERTIFICA	TE OF DEATH	MORE I, MARIEARD	1	3642
1. PLACE OF DEATH 6. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institu nd b. COUNT	tion: Residence bef Y Washin	gton
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16		outside corporate limits, write	RURAL and give no	earest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 823 Spruce St.	address)	d. STREET ADDRESS 823 Spr	uce St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mary Amand	a Ruth	Last	4. DATE MC OF DEATH MATC		6 19 6:
5. SEX 6. COLOR OR RACE 7. MARK	RIED A NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Jan. 31, 1	9. AGE (In years last birthday) 71 yrs	Months Days	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) House WII e	KIND OF BUSINESS OR INDU	Mercersl	ourg, Penr		DF WHAT COUNTRY
13. FATHER'S NAME William F. Bail	ey	Ida B	McCurdy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or doles of service)		nformant rs. Jane Dor		erstown,	Md.
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	1 " -	se julmas	vale and	Q IN OF	TERVAL BETWEEN ASET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO (c)	ulmanay	hyperfer	socies.		3-5 yu
Bile tend lobar	CONTRIBUTING TO DEATH BU		INAL DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO 2
	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II of item 18.)		
Haur a.m. While	£.	LACE OF INJURY (Hame, farm actory, street, affice bldg., etc		(County	(State
21. I certify that (I) (this haspital) attends saw the deceased alive an Mass	ded the deceased fram. 1961, and that		A, ta 1161 2 M, fram the causes of		hat (I) (we) las e stated abave
220. STERATURE Church W. DI	Hout	M.D. ATTENDING M.PHYS.	RECTOR STAFF		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Edward W. Ditto 111	, M. D.	22d. ADDRESS 217 West	Washington	St.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 3=29-61	Rose Hil:	l Cemetery	23d. LOCATION (City, town Hagers	town, 1	(State)

Orilar S. Kraus

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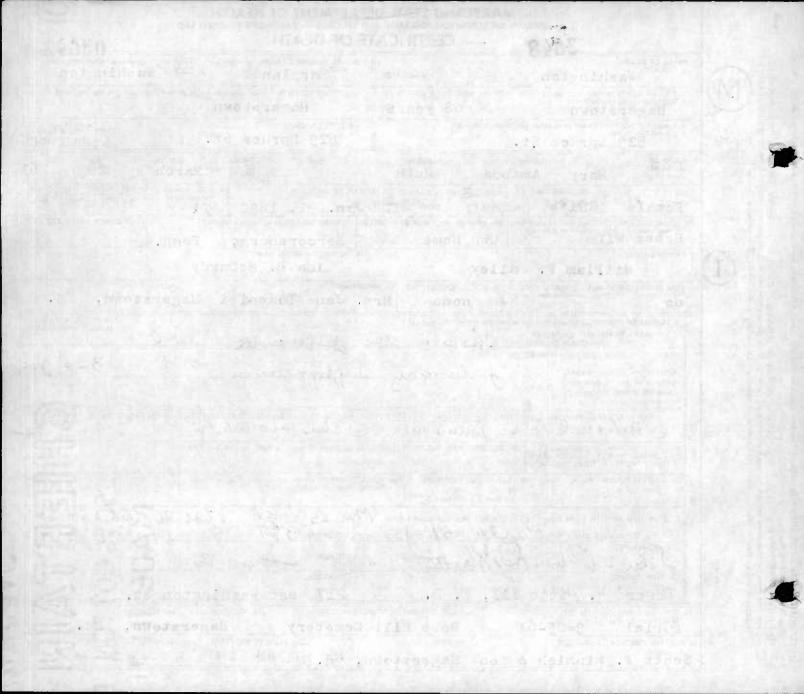
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Md.

DATE

Scott F. Minnich & Son Hagerstown,

TO HOSPI VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	0010					- 0 - 1
	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If i	DIINTY	efore admission)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	CITY OR TOWN (If our Hager	tside corporate limits,	write RURAL ond give	nearest lawn)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Washington County Hos		d. STREET ADDRESS 207 E. Wa	shington	St.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) La Rue M	arie St. J	lost John	4. DATE OF DEATH ME	Month	Day Year 4 19 6
	5. SEX Female 6. COLOR OR RACE White Widowi		DATE OF BIRTH	9. AGE (In lost birth	yeors IF UNDER 1 YE Months Day	AR IF UNDER 24 HRS.
		kind of Business or Industr ty Pool	Hagerst	own, Md.		OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
	John J. St. Joh		DRMANT M	argie	Davis Address	
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service)		ss Mildred	St. John		own, Md
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ne for (a), (b), and (c).]	ccident-1	eft hami	ylere !	NTERVAL BETWEEN
	Conditions, if ony, which gave rise to immediate couse (a), stoting the under-lying couse last.	ighter and	Nietelense	4		2 years
	, 19	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	IAL DISEASE CONDITION	ON GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO D
		CRIBE HOW INJURY OCCURRED.	(Enter noture af injury in P	ort I ar Port II of item	18.)	
	Haur o. m. While		E OF INJURY (Hame, form, iry, street, office bldg., etc.)		(Caun	nty) (State
	21. I certify that (I) (this haspital) attends sow the deceased alive on	ded the deceased fram		M, from the cous		
	220. SIGNATURE C. Starffer	М.	D. PHYS ME	1	Library Charles	22b. DATE SIGNED
	22cf HYSICIAN'S NAME (Type)		22d. ADDRESS			
	236. BURIAL, CREMATION, 23b. DATE THEREOF 3-7-61	23c. NAME OF CEMETERY OR Rest Haven	Cemetery	0	rstown,	d. (Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. RECIO	BY REGISTRAR 2SI	b. REGISTRAR'S SIGHE	TURE
	Scott F. Minnich & So	n hagerstown	Md DATE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pages after death. Page 4 may be the baspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled for any the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 3650 CERTIFICATE OF DEATH

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o. COUNTY	257				2. USUAL RESIDE	NCE (When	re deceased	lived. If instituti b. COUNTY		e before a	dmission)
	Washingto		MARY		Ma	ryla			Was.	hing	ton
RURAL and give no	If outside corporate limi earest town) ISTOWN	ts, write c.	1 Yr.	IN 1b		wn (IF our		ote limits, write R	RURAL ond gi	ive nearest	town)
d. NAME OF HOSPIT	TAL (If not in haspital, g	ive street add	dress)		d. STREET ADE	DRESS			-	e. IS	RESIDENCE
	W. Washing	ton S	St.		11114	M.M	ashi	ngton	St.		S NO B
3. NAME OF DECEASED	Fir		Middle	- 11	Lost		4. DATE	Mor		Day	Yeor
(Type or print)	Virginia	Bell					OF DEATH	Margh	3	7	1961
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 8.	DATE OF BIRTH			AGE (In years lost birthdoy)	-	-	JNDER 24 HR
Female	White	WIDOWED	DIVORCE		June 27	,187	0	90 yrs.		5075	7013
10a. USUAL OCCUPATIO	ON (Give kind of work of king life, even if retired	dane 10b. KIN	ND OF BUSINESS O	R INDUST	TI. BIRTHPLAC	CE (State or	r foreign ca	untry)	12. CITIZ		IAT COUNTR
Housew			Own Hom	e	Hagerst	town	Wash	.Co.Md.		U.S	. A.
13. FATHER'S NAME					14. MOTHER'S M						
Joa	eph Knei	al or			Ade	eline	0	over			
IS. WAS DECEASED EVE			CIAL SECURITY NO.	17, INF					ress,		
(Yes, no, or unknown)	(If yes, give wor or dates of s	ervice)	lone	Mrs	. Asrv	ager	stow	n Wash	. Co.M	D.	TI A
18. CAUSE OF DEA	ATH [Enter only one co					A		110	D U W 1		L BETWEEN
	TH WAS CAUSED BY:	/	enterosch	Me	Herr &	grace.	re			ONSET	AND DEATH
420	IMMEDIATE CAUSE (o		en sason	1104	1 4 11					/	7,,,
140	O DUE TO		0 15	. 1.	co.	0 . 4	0)
Conditions, if o		•	Child.	cen	is In	277				-	`
couse (o), stoting											
lying couse lost.) (c									1	
PART II. OTH	HER SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO DEA	ATH BUT N	OT RELATED TO T	HETERMIN	AL DISEASE	CONDITION GIV	VEN IN PART	1(o) 19. W	AS AUTOPS
										YES	NO E
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OF	CCURRED.	(Enter nature of i	injury in Po	ort I or Port	II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes				E OF INJURY (Ho		20f. (City	ar tawn)	(C	ounty)	(Stot
Hour o.m.	19	While of work	Nat while	10010	ry, sireer, diffice b	orag., erc.)					
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	at (1) (this haspital										
22a. SGNATURE	sed alike fon Mun	m no	19.01. and	that de	ath accurred	at H_N	M, from	the causes ar	nd an the	date sto	ated abay
Thep	1. Miles	con		М.	D. ATTENDING	DIRE	CTOR	STAFF PHYS.		3	22b. DATE
224. PHYSIC AN'S NAME (Type)	Philip J	. Hirs	hman, M.D		22d. ADDRESS	159		shingto		A TO	
23a. BURIAL, CREMATIC	N. 23b. DATE THEREC	E Io	23c. NAME OF CEME	TERY OR	CREMATORY			m, Mary			/C4-4-)
REMOVAL (Specify)	7 /00 / c	2	-					ION (City, town,			(Stote)
		1		ill	Cemeter			gersto	EN ME	ryla	nd
24. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		2	25a. REC'D	R 3 0 '6	14	STRAR'S SIG		
Andrew K	.Coffman	Hage	ratown	Ma ry	land	DATE		0	Albun S.	March	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1 MAR

NAME OF DECEASED First Addie Lost Seed ADATE Month Day	3646	MORE I, MARTEAND	TE OF DEATH	CERTIFICA	3651	
RUAL and give necret fown) Highfield James of Hospital (If not in hospital, give street address) Highfield James of Hospital (If not in hospital, give street address) Highfield James of Hospital (If not in hospital, give street address) Highfield James of Hospital (If not in hospital, give street address) Highfield James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital, give street address) James of Hospital (If not in hospital)	e admission)		O STATE	MARYLAND	Vashington	a COUNTY
Highfield d. NAME OF SHOSTIAL (If not in hospitol, gives street address) Highfield 3. MAME OF SHOSTIAL (If not in hospitol, gives street address) Highfield 3. MAME OF SHOSTIAL (If not in hospitol, gives street address) Highfield 3. MAME OF SHOSTIAL (If not in hospitol, gives street address) Highfield 3. MAME OF SHOSTIAL (If not in hospitol, gives street address) Highfield 3. MAME OF SHOSTIAL (If not in hospitol, gives street address) Highfield 3. MAME OF SHOSTIAL (If not in hospitol, gives street address) Highfield 3. MAME OF SHOSTIAL (If not in hospitol, gives street address) High of the street	rest tawn)	utside carporate limits, write RURAL and give no	c. CITY OR TOWN (I	c. LENGTH OF STAY IN 16		
d. NAME OF HOSPITAL (If not in hospital), give street address) Highfield 1.601 Amopolis Rd. 1.601 Amopolis Rd. 1.602 Amopolis Rd. 1.603 NAME OF (If year or print) 1.605 Amopolis Rd. 1.606 Amopolis Rd. 1.606 Amopolis Rd. 1.607 Amorith Day 1.608 Amorith Day 1.608 Amorith Day 1.608 Amorith Day 1.608 Amorith Day 1.609 Amorith Day 1.609 Amorith Day 1.609 Amorith Day 1.600 Amopolis Rd. 1.601 Amopolis Rd. 1.601 Amopolis Rd. 1.601 Amopolis Rd. 1.601 Amopolis Rd. 1.602 Amorith March 28, 1.603 Amorith Day 1.603 Amorith Day 1.604 Amopolis Rd. 1.605 Amopolis Rd. 1.606 Amopolis Rd. 1.606 Amopolis Rd. 1.607 Amorith Day 1.608 Amorith Day 1.609 Amorith Da	7X-	. Meade	F	3 Months		
Highfield 1601 Annopolis Rd. Vester	e. IS RESIDENCE ON A FARM?		d. STREET ADDRESS	address)		d. NAME OF HOSPITAL
Decase D	YES NO T	Ol Annopolis Rd.	1		Highfield	OK INSTITUTION
Temple White WIDOWED DIVORCED 1/28/1908 100 10	,	OF.				DECEASED
Temple White WIDOWED DIVORCED 1/28/1908 100 10	IF UNDER 24 HRS.		B. DATE OF BIRTH	RIED NEVER MARRIED	6. COLOR OR RACE 7. MARRI	5. SEX
Breslau, Germany Germa	Haurs Min.		-//	DIVORCED M	White WIDOWE	Female
House Wife 13. FATHER'S NAME Adolph Hirsch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Vas., no. or unknown] [If yeu, give were or date of service] Inc. or unknown] [If yeu, give were or date of service] Inc. or unknown] [If yeu, give were or date of service] Inc. or unknown] [If yeu, give were or date of service] Inc. or unknown] Inc. or	WHAT COUNTRY?	ar fareign country) 12. CITIZEN C	TRY 11. BIRTHPLACE (Sta	KIND OF BUSINESS OR INDU	N (Give kind of work done 10b. I	10a. USUAL OCCUPATION during most of working
14. MOTHER'S MAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)-! 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)-! 19. WAS CAUSED BY: 19.	many	ermany Ger	Breslau.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Thadius A. Calimer, Highfield Md. 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate couse (a), stating the under Using couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. W FE YES 20s. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (if) EITHER, NOTIFY MEDICAL EXAMINER) 20s. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Part I ar Part II of item IB.) CONTRIBUTING CAUSE OF DEATH (if) EITHER, NOTIFY MEDICAL EXAMINER) 20s. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work		AME	14. MOTHER'S MAIDEN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. or without on the work of the work of date of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Thadius A. Calimer, Highfield Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under lying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. We per yes of the period of		inke	Anna Ka		Hirsch	Adolph
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IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. We result to the couse (a), stating the under-lying couse last. 20a. ACCIDENT WAS UNDERLYING COURRED OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. We result to the couse of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year and the deceased from the couse of the	. 20 10 3 14	Calimer. Highfield Mc	s. Thadius A	Ma	f yes, give wor or dotes of service)	
PART I. DEATH WAS CAUSE (a) MMEDIATE CAUSE (a) MMEDIATE CAUSE (b)	RVAL BETWEEN	IIN	10		67	IB. CAUSE OF DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the under lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W PE YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING COURRED (Enter nature of injury in Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of wark of factory, street, affice bidg., etc.) 21. I certify that (I) (this-hospital) attended the deceased fram. 22. SIGNATURE 22. PHYSICIAN'S NAME (Type) Robert A. Kiefer 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county)	· Ulen	<u>C</u>	of Gerry	dr. com one	H WAS CAUSED BY:	PART I. DEATH
gave rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. W PR YES 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work at the deceased alive an analysis of the deceased from the deceased at work at the deceased at work at the deceased at work at work at the deceased at			/3		DUE TO	163 X
gave rise to immediate couse (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. W PE YES 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) 20c. TIME OF INJURY Manth, Day, Year While at wark at M.D. PHYS. 21. I certify that (I) (this-hospital) attended the deceased fram. 22a. SIGNATURE 22a. SIGNATURE 22a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)			U		y, which)	Canditians, if any
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W PE YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		AND THE RESIDENCE OF STREET			mediate (gave rise to imi
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Where the provided in the part of the par					he under-	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark Day Not while at wark at wark Day, Street, office bldg., etc.) 21. I certify that (I) (this-hospital) attended the deceased fram Day, and that death occurred at 1. M, fram the causes and an the date state 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Robert A. Kiefer 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or caunty)	9. WAS AUTOPSY PERFORMED? YES NO	NAL DISEASE CONDITION GIVEN IN PART 1(0)	NOT RELATED TO THE TER	CONTRIBUTING TO DEATH BU	er significant conditions <u>c</u>	
21. I certify that (I) (this-hospital) attended the deceased fram 1961, to Har 25, 1961, that (saw the deceased alive an 1961, and that death occurred at 1961, M, fram the causes and an the date sta 22a. SIGNATURE 22a. SIGNATURE 22c. PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS NAME (Type) Robert A. Kiefer 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or caunty) REMOVAL (Specify)		Part I ar Part II of item 18.)	D. (Enter nature of injury i	CRIBE HOW INJURY OCCURRI	UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	
saw the deceased alive an May 26 196 and that death occurred at 1 M, from the causes and an the date star 220. SIGNATURE 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) Robert A. Kiefer 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)			Nat while fo	While	20c. TIME OF INJURY Haur a. m. p. m.
220. SIGNATURE Tolut		13				
22c. PHYSICIAN'S NAME (Type) Robert A. Kiefer 23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify)	22b.DATE	M, from the causes and an the dat	edili occurred dig.	/ / and mai	O dilve dil principi	
NAME (Type) Robert A. Kiefer The first tensor	las G	ED. STAFF PHYS. 2 7	M.D. PHYS.	4/42	los 1. The	190
REMOVAL (Specify)	D, 19	Ridge Sum	13 list	er	Robert A. Kiefe	NAME (Type)
Burial 3/31/61 Bethel Lantz #1, Frederick Co.	(State)	23d. LOCATION (City, town, or county)	R CREMATORY	23c. NAME OF CEMETERY	N, 23b. DATE THEREOF	23a. BURIAL, CREMATION
	o., Md.	Lantz #1, Frederick		Bethel	3/31/61	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE DATE DATE	-	100 0 104	12	ADDRESS	SIGNATURE /	24. FUNERAL DIRECTOR'S

s after death. Page.4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to be so after death. Page may be the begind or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to be the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pages? Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

(America Hallolm) Mrs. disking E. Settery, Signification and and desirated a little fitted

that the deoth certificate be

	NAME (Type)	0	V
230.	BURIAL, CREMATION,	23b	, DA

25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR Minnich & Son, Hagerstown, Md. DATMAR 6 arthur S. Krous

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Washington a. STATE b. COUNTY Wash. Md. MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) Catonsville 14 weeks Hagerstownm d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 5 Sanford Ave. Western Maryland State Hospital YES NO NAME OF 4. DATE Manth Year DECEASED OF DEATH (Type ar print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) 1908 Manths Days April white female WIDOWED [DIVORCED T 106. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
housewife Hagerstown, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vinona Thum Jacob Frank Roessner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT C. Robert Shank, Catonsville, Md. no none 1B. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? elun orna YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) Manth, Day, Year (Caunty) (State) factory, street, affice bldg., etc.) Haur a. m While Nat while at wark at wark p. m. 21. I certify that (I) (this haspital) attended the deceased fram... 12.00 .ta. that (1) (we) last AM, fram the causes and on the date stated above. saw the deceased alive an and that death accurred at 22a. SIGNATURE -5D ATTENDING M.D. PHYS. DIRECTOR [PHYS. 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar count (State) Hill Cemetery Hagerstown, Rose ADDRESS 24. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (13648)

A. PLACE OF DEAT	rh				institution: Residence before admission)
430	Vashington	MARYLAND	a. STATE Marv	land b. cour	Washington
	(if outside corporate limits,	c. LENGTH OF STAY IN 16			RURAL and give nearest town)
Hagerst	nd giva nearast town)	80 years	103 Ha	gerstown	
		in hospital, give street eddress)	d. STREET ADDRESS	gerboomi	a. IS RESIDENCE
			111 P T.	and American	ON A FARM?
3. NAME OF	Manor Nursan	g nome	। पर्य क म्पा	ncoln Ave.	YES NO X
DECEASED	SUSAN	DELLA	SHRODER	OF Man	Dia a
(Type or print)					9
5. SEX	6. COLOR OR RACE 7. N	AARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
Female	White w	DOWED DIVORCED	June 13, 1873	87 yrs.	
10a. USUAL OCCUPA	ATION (Give kind of work working life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewi			Shipp ensl	ourg, Pa.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Edus	ard Keefer		Frances	Shillite	
15. WAS DECEASED I	EVER IN U.S. ARMED FORCES?		INFORMANT	Address	
(Yas, no, or unkown)	(If yes give war or dates of service		Irs. Virginia	Cook How	eretern Manuford
	DEATH (Finter only one caus	p per line for (a), (b), and (c).]	ne Artenira	nag	erstown, Maryland
	ATH WAS CAUSED BY:	ato in Palentin	to a Talianno	will musta	ONSET AND DEATH
1100	IMMEDIATE CAUSE (a)	runi sconici	cancusary 1	vul my	54n-1
1420	O DUE TO	taclus			
Conditions, if a	1-1	1 0			
gave rise to imme	DIJE TO	Read Alyon			11
causa last.	(c) (c)	Months of recommend	4		1 chay
Z PART II. OTH	IER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY
ATIC					YES NO N
20a. ACCIDENT		DESCRIBE HOW INJURY OCCURE	D. (Enter natura of injury in	Part I or Part II of item 18.)	7
PART II. OTH	G CAUSE OF DEATH				
		20d. INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, farm	n, ' 2Df. (City or town)	(County) (State)
20c. TIME OF IN	., , ,	While Not While fa	ctory, street, office bldg., etc.		(0.014)
		at work at work	1 1-1-	1 11 11	
		attended the deceased from		A . MO /	, 19. 2. that (I) (we) las
saw the dece	ased alive on 2011	19.0., and tha	death occured at2.	4.W from the causes	and on the date stated above
22a. SIGNATUM	THY		ATTENDING /	MED. STAFF	22b. DATE
27	1 Hush	M		MED. STAFF	27 Mer 67
22c. PHYSICIAN	5 x- p1 .1		22d. ADDRESS	0-1-	41-1-11-1-4-4
NAME (Typ	" I. F. LUSD		23MV	6 WHILL	
23a. BURIAL, CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
REMOVAL (Specif	fy)	Rose Hill C	emet.erv	Hager stown.	Maryland
Burial	3/29, 196	ADDRESS		C'D BY REGISTRAR 25b. RE	
Siter - Re	üzer Tüheral	Home Hagerstown,		01272 0 104	aritur S. Kraus
K. Bronklin	nergo	wag c ra o o wit ?	DATE		. 2. 1

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
M	3654 CERTIFICATE OF DEATH Reg.	Dist. No. 113649
IVI	1. PLACE OF DEATH a. COUNTY AGSINIOTON MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions, Residue). COUNTY b. COUNTY	dence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL or RURAL and give nearest town) Since 1931	nd give nearest town)
X	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Route # 2	e IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Clara Catherine Siler DEATH March	Day Year 16 19 6/
	Female Cauc · WIDOWED DIVORCED Oct. 4, 1901 Jost birthdoy) Month	DER 1 YEAR IF UNDER 24 HRS. S Days Hours Min.
	House wile Own Home Stoneston Virginia.	CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT John Henry Sister Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT John Henry Sister Address	.)
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT John Henry Sister Address None Library Same as	deceased.
N. WE	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Ore Dral Lomorrhage.	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (b)	
	gave rise to immediate couse (a), stating the under-lying couse last. DUE TO (c)	
000	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
0	200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year Hour a. pt. 19 20d. INJURY OCCURRED While Not while at work of a work	(County) (State)
	21. I certify that ditended the deceased from delet 1958, to 1000, that alive on 1200, 1900, and that death accurred at 1035M, from the causes and on	I last saw the deceased
	ACTUAL SIGNATURE Place) TO CHARLES AMP. M.D.	DATE SIGNED
6	PHYSICIAN'S NAME (Type) Alice N. Cunnihaham M.D. & Dr. Max Byrkit 28 W. Potomac St. Will	iamsport, Md.
5	220. BURIAL, CREMATION, REMOVAL [Specify] 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county Burial 3/19/61 Rest Haven Cemetery Hagerstown	
D	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S	SIGNATURE
	When. G. Norst	

		CEATHER	
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Carlo attended	(
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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1365)

1. PLACE OF DEATH a. COUNTY			CE (Whara decaasad lived, If Instit	tution: Residance bafora edmission)
Washington	MARYLAND	o. STATE Mar	yland b. county	Was hington
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	N3	If outside corporete limits, write RU	RAL end give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not	39 years	d. STREET ADDRESS	agerstown	e. IS RESIDENCE
Washington County Hos			lsen Boulevard	ON A FARM?
3. NAME OF First DECEASED (Type or print) CERTRUDE	Middle EVELYN S	LUSHER	4. DATE Month OF DEATH March	25 19 61
5. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF L	
Female White w	IDOWED DIVORCED	December 15,	1893 67 yrs.	onths Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife 13. FATHER'S NAME		Sperryvil	le Virginia	U.S.A.
Henry A. Brown		Elmira We	ndard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) (Ifyesgivewarordatesofservice)		INFORMANT	Address	
no		r. Harry E.	Slusher Hagerst	own. Md.
Conditions, if eny, which gove rise to immediate couse (e), stelling the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING 2AUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	NS CONTRIBUTING TO DEATH BUT NO.			IN PART 1(a) 19. WAS AUTOPS: PERFORMED? YES NO
20c. TIME OF INJURY Month, Dey, Year Hour e.m.		ACE OF INJURY (Home, ferrory, street, office bldg., etc		(County) (State)
21. I certify that (I) (this hospital)	attended the deceased from.	death occured at		
22c. PHYSICIAN'S NAME (Type) EAR	YOUNG.		MED. STAFF DIRECTOR PHYS.	3/27/6/SIGNI
23a. BURIAL, CREMATION, 23b. DATE THEREOM Burial 3/28/1961	23c. NAME OF CEMETERY Rest Haven		Hagerstown	Maryland
24 Suter - Rouzer Funeral R. Tankly, Rouser	Home Hagerstown,		C'D BY REGISTRAR 256. REGIST	PLAN'S SIGNATURE

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after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

MINA.

arthur S. Kraus

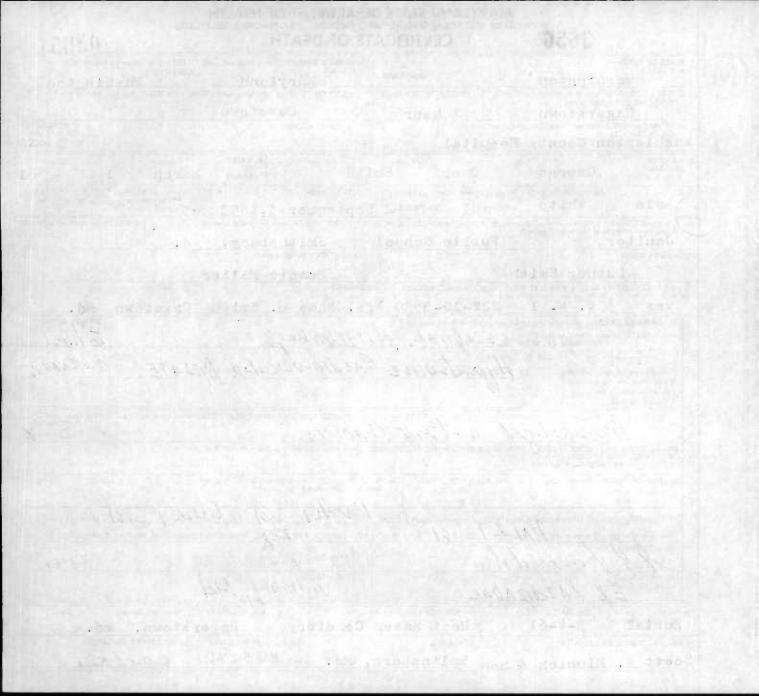
	0000	CERTITICA	IL OI DEATH			110000
1. PLACE OF DEATH o. COUNTY	shington	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryl	b.	COUNTY	dence before admission)
RURAL ond give			c. CITY OR TOWN (IF	outside carporate limi		
d. NAME OF HOS	gerstown PITAL (If nat in haspital, give st N On County Ho		d. STREET ADDRESS	e cown		e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF DECEASED (Type or print)	George	Omer Middle Sm	last ith	4. DATE OF DEATH	Month larch	1 19 6
Male Male	White	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH September 5	lost t	(In years orthogonal Months	S Doys Hours Min.
Oo. USUAL OCCUPA during most of w Janito	arking life, even if retired)	10b. KIND OF BUSINESS OR INDU Public School	Smiths		d.	CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME II		
L	uther Smith		Beadie	Miller		
15. WAS DECEASED E (Yes, no, or unknown) Yes	VER IN U. S. ARMED FORCES? (If yes, give war or dates of service) W. W. 1		nformant rs. Nada B.	Smith	Address Cavetow	vn Md.
	PEATH [Enter anly one couse preath WAS CAUSED BY: IMMEDIATE CAUSE (a)	SEREADAK H	'EMOANHAJE	2		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gove rise to cause (a), statin lying couse los	immediate DUE TO	Hyperteusive	CARDIO-VASC	WAR DIS	EASE	VAKNOUN
PART II. C		ARTERIOS	NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN P.	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	WAS UNDERLYING 20b. NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I ar Part II of ite	em 18.)	
20c. TIME OF INJ Hour a. n p. n	n. 10 V	Od, INJURY OCCURRED 20e. PL Vhile Not while fa t work at work	LACE OF INJURY (Home, formactory, street, office bldg., etc.	n, 20f. (City or town	1)	(County) (State
	hat (I) (this haspital) at eased alive an MAKA	tended the deceased fram.	Planan 19 death accurred at 223	M, fram the co		the date stated abave
22a. SIGNATURE	from kydy	1	M.D. PHYS.	RED. STAF		3-1-6 SIGNE
22c. PHYSICIAN'	R. LARDIZA	DAL	SHIMFA	n/ Md		
23a. BURIAL, CREMATE BUTTA SPeci		23c. NAME OF CEMETERY C	The second secon	Hager	stown, or county	y) (Stote) md.
24. FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS			25b. REGISTRAR'S	SIGNATURE
Scott F.	Minnigh e	Smithsburg	Md. DATE	AR 6 '61	Cathur	9 #

Scott F. Minnich & Son Smithsburg, Md.

TO HOSPIT COR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 may be and by the hospital an ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 52 3657 CERTIFICATE OF DEATH
should W	1. PLACE OF DEATH o. COUNTY Washington MARYLAND 2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before admission) b. COUNTY Washington Washington
filled in by the Pages 1 and 2 urs after death:	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Rural Williamsport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) R # 1 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Rural Williamsport d. STREET ADDRESS ON A FARM? YES R NO
d completely from papers. Pwithin 72 hou	3. NAME OF DECEASED (Type or print) Nellie Gertrude Snodderly S. SEX 6. COLOR OR RACE 7. MARRIED Never MARRIED 8. DATE OF BIRTH 1. DATE Month Dey Yeer OF DEATH March 22 19 61 S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.)
hysician and corremove carbon any event, with	10a. USUAL OCCUPATION (Give kind of work done during, most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Cedar Lawn, Wash, Co. Md. USA
iftending place in and in a	13. FATHER'S NAME Harry C. Runnel 14. MOTHER'S MAIDEN NAME Elizabeth E. Eavey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, ng, or unknown) (Ifyesgivewerordeles of service)
attending physician. nas been signed by the burial-transit permit. ial, cremation, or rem	None Walter C. Snodderly Sr. R # Williamsport, Md. 18. CAUSE OF DEATH [Enter only one course line for (e), (b), end (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate couse (a), stelling the underlying cause lest. (c)
is certificate for use as the prior to but	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 20e. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH III. EITHER, NOTIFY MEDICAL EXAMINER)
Transfer of the the transfer of the the transfer of the transf	2Dc. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, hour a.m. p.m. 19 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, fectory, freat, office bidg., etc.) 2Dd. (City or lown) (Stete) 2Dd. (City or lown) (Stet
PERAL DIRECTOR A page 3 shou with the State	220. SIGNATUR ORLI TOURS ATTENDING MED. PHYS. DIRECTOR PHYS. DIREC
TO HOS TO HOS A death. A director, be filed	236. BURIAL, CREMATION, 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 3/24/61 Cedar Lawn Cemetery Hagerstown Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE
ISW AIOO	Rest Haven Funeral Chapel Hagerst own, Md. OMAR 27'61 Outhor & Knows

Stone William Share and State State State State State State Search early media distribution of the same 161, 23, 1913 Calory and Maria Co. Ma. section was a second The state of the s Livery Daywood long should be to the state of However the water of the 101 E. Weiseld St. Weiselder 3 101 Chepter Comment of the second que un la come sita de la come de Considerate Constant Thomas Constants II. to the contract of the contrac

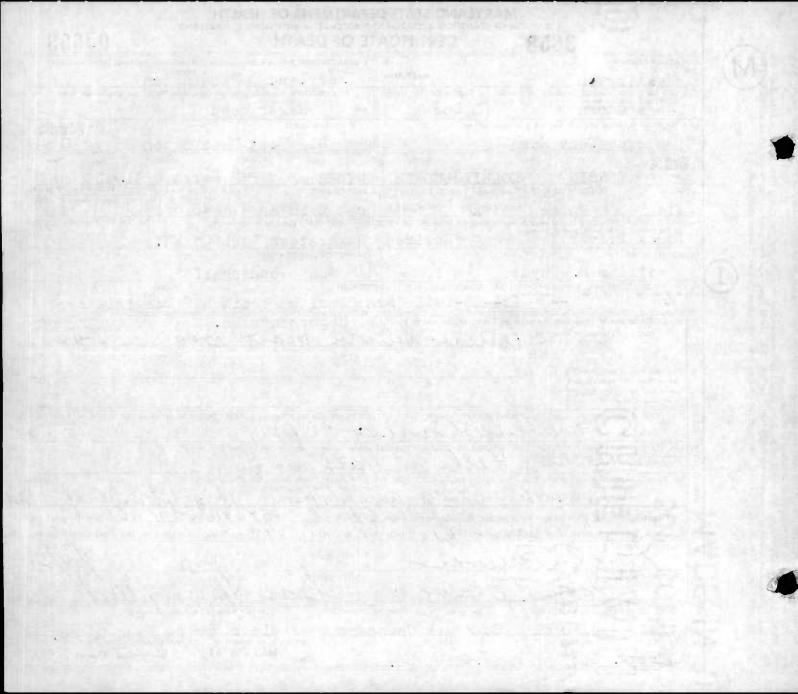
VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3658

03653

1.	PLACE OF DEATH C. COUNTY Washington		MARYLAND	a. STATE	vland		l lived. If institut b. COUNT ashing t	v	e befare adn	nission)
	b. CITY OR TOWN (If outside carporate limits,	, write c	LENGTH OF STAY IN 16	+	4		rate limits, write		ive nearest to	own)
	Hagers town		5 Mos	03	Hage	rsto	wn .			
	d. NAME OF HOSPITAL (If not in haspital, giv OR INSTITUTION	e street add	dress)	d. STREET	ADDRESS				e. IS F	RESIDENCE
	Gateway Conv Hom	e		8	13 We	st Wa	ashingt	on S		□ NO □
3.	NAME OF First		Middle	Lo	ost	4. DATE OF	Ma	inth	Day	Year
		HOLL:	INGSWORTH	SNYDER		DEATH	March		61	19
5.	SEX 6. COLOR OR RACE	MARRIED	NEVER MARRIED	B. DATE OF BIR	тн		9. AGE (In years last birthday)	Manths I		DER 24 HRS.
I	ale White	WIDOWED -	DIVORCED	Sept 2	1875		85 yrs		Days Hau	rs Min.
10c	. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ine 10b. KIN		ISTRY 11. BIRTHE	PLACE (State of	ar fareign co	iuntry)	12. CITIZ	EN OF WHA	T COUNTRY?
	during most of working life, even if retired) Truck Driver		Retired				n Co Mc	1.	USA	
13.	FATHER'S NAME			14. MOTHER	S MAIDEN N	AME				
	william H. Snyd	er		En.	na Ne	ndenl	nall			
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCE (If yes, give wor or dates of sen	rice)		NFORMANT				dress		
	1/10	317-	09-1926 M	s Pear	1 Mul	leni	x 876 V	irgin	nia Ar	ve
	18. CAUSE OF DEATH [Enter only one cour PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	ge per line l	for (a), (b), and (c).	rotic	Hea	own la	Dis		INTERVAL ONSET AN	BETWEEN ND DEATH
	7 DUE TO									
Н	Canditions, if any, which (b)_gave rise to immediate									
	cause (a), stating the <u>under-</u> DUE TO lying cause last.									
z	PART II. OTHER SIGNIFICANT COND	ITIONS COM	NTRIBUTING TO DEATH BUT	T NOT PELATED T	O THE TERMIN	NAI DISEASI	CONDITION G	VEN IN PART	1(a) 19. WA	AS AUTOPSY
CERTIFICATION	Fract	un	ed wi	ot (left	1)			PER	FORMED?
	20g. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRI	ell injury occurri	Path	of infury in P	art1 ar Part	II af item 1B.)			
MEDICAL	20c. TIME OF INJURY Manth, Day, Year		6.	ACE OF INJURY	(Hame, farm,	20f. (City	or tawn)	(C	ounty)	(State)
MED	Haur a.m. Mar 14, 1961	While at wark [using	Home		tager	stown	Was	L. h.
120	21. 1 certify that (1) (this haspital)	attended	d the deceased fram.	apri	19	5/1.ta_	Mar 2	3_, 19_6) (we) last
	saw the deceased alive an	WIL	2,196_1, and that	death accurre	ed at/1304	M//Fram	the causes a	nd an the	date state	ed abave.
	22a. SIGNATURE	2011		M.D. ATTENDIN		ED.	STAFF PHYS.		3/	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) David A	?B	rewer	22d. ADD		2 1	brin	gh	rd.	7
230	BURIAL, CREMATION, 23b. DATE THEREOF	:	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOGAT	TION (City, tawn,	or county)	(S	itate)
E	urial 3/25/61	St	Pauls Cene	tery n	ear C	lear	Spring	Mach	Co. I	12
24.	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		25a. REC'E	BY REGIST	RAR 2Sb. REC	ISTRAR'S SIG	NATURE	
	AndrewK. Coffian .	Hage:	rstown Ld.		DATE	MAR 2 8	'61	arthur 2	d. Thank	



1	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (13654)

1		PLACE OF DEATH b. COUNTY				2.	USUAL RESID	ENCE (Wh	ere decees			Residen	ce before e	dmission)
	· '		shington		MARYLAN	D	e. STATE Ma	ryland	1	b. COUN	T. V .	shin	gton	
		b. CITY OR TOWN (if write RURAL and	outside corporate limi give nearast town)	ts,	c. LENGTH OF STAY IN	l 1b	c. CITY OR TOW	VN (If outside	corporate	limits, write	RURAL e	nd give	nearest tow	n)
	.,10	Hagerstown			most of li	fe	UD Ha	gersto	nwo					
ğ		d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hosp	pitel, give street eddress)		d. STREET ADDR	ESS						SIDENCE A FARM?
3.		Washington	n County Ho	spita	1		525 N.	Locust	Str	eet				NO T
		NAME OF DECEASED	First	*	Middle	- 11	Lest	4. DF	TE	Month		Dey	Year	
		(Type or print)	LILL	Œ	VIOLET	SN	YDER	OF DE	АТН	March	1	10	19	61
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED] 8. D.	ATE OF BIRTH			GE (In years at birthdey)			IF UNDER	
		Female	White	WIDOWED	30	Jul	y 17, 18	186	7	Julyrs.	Months	Deys	Hours	Min.
Ì	10e doi	ne during most of wor Housewife	ON (Giva kind of work king life, even if retire	d) 10b. KII	ND OF BUSINESS OR IND	USTRY	Classes					_	F WHAT C	OUNTRY?
	13.	FATHER'S NAME				1 14	Clearsp MOTHER'S MAIL		TSOL	Teo, I	RI.	U.S	A.	_
1		Georg	e William	Blover			Ch	arlott	e Wi	shard				
/		WAS DECEASED EVE		CES? 16. 5		17. INF	ORMANT			Address				
		10	yesgive wat of deles of s	etalce)		Jos	seph C. S	nvder	Ha	gersto	wn.	Mar	vland	
		18. CAUSE OF D	EATH [Enter only one	ceuse per li	ne for (e), (b), end (c).]					8		INT	ERVAL BET	WEEN
			WAS CAUSED BY:	(oronary_	Der	Puncain					S	SET AND I	
		420.1	DUE TO		/							-0	0	
		Conditions, if any		an	1. 2 O Gal	£	Sac Coma	1 4	a	.0.				
		geve risa to immedia	rte cause	gri	union wil	ren	so cereo	Ca	un				2 - Au	
		(a), steting the ur	darlying DUE TO	an	neral as;	· fec	alas 4	alu	ear	و				
	z	PART II. OTHER	SIGNIFICANT CONDI		TRIBUTING TO DEATH BL						EN IN PAR	RT 1(e) 1	9. WAS A	
	ATIC			188										RMED?
	CERTIFICATION		CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCC	URED. (Er	nter neture of injur	y in Pert I or	Pert II of i	item 18.)				
	-	,	MEDICAL EXAMINER)											
	MEDICAL	Hour a.m.	RY Month, Day, Ye	er 20d. I While at work	Not While		OF INJURY (Home, street, office bldg.		(City or	town)	(Co	unty)		(Stete)
		21. I certify th	nat (1) (this hospi	tal) attend	ded the deceased fr	rom. J	une 24	, 12.6.0	to	19110	2 19	6.6.1	hat (I) () last
		saw the deceas	ed alive on	lar 10	19.6.1., and	that de	eath occured a	610 M.	from th	e causes	and on	the da	ate state	above.
		228. SIGNATURE	0 () (11	17.04	ATTENDING							DATE
		deva	w. W.	YX	OIL	M.D.	PHYS.	MED. DIRECTO		STAFF		3	3/11/6	SIGNED
		22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS							
		Edward	W. Ditte	111	M. D.		217 We	st Wa	shir	ngton	St.			
		BURIAL, CREMATIC	ON, 236. DATE THE	REOF	23c. NAME OF CEMET	TERY OR	CREMATORY	23d.	LOCATIO	ON (City, to	wn or cour	nty)	(S	leta)
		Burial		961	St. Paul!	s Ce	meter	S	t. Pa	ulis		Mar	yland	1
1	24	FUNERAL DIRECTOR	s signature	7 Ham	ADDRESS			REC'D BY						
1.1		R. Franklin		T HOW	e Hagerstown	n, Mo	DATE	MAR 1	4 '61	1 0	lithur .	S. Fin	u4	
	-			The same of the sa										

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Joseph C. anrier Hammitonn, Erriand

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPITA

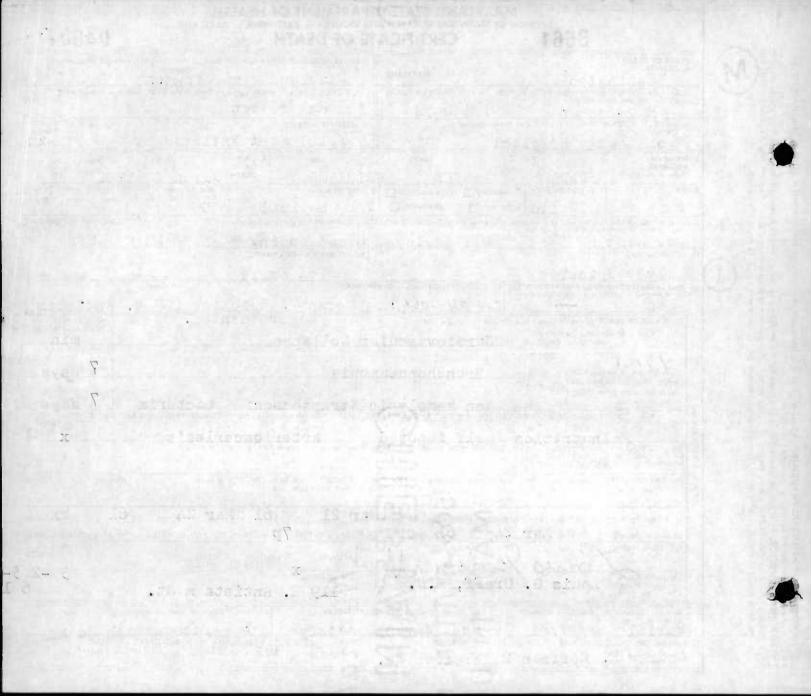
M	PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. Wash.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown c. LENGTH OF STAY IN 1b 32 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
X	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 1410 Oak Hill Avenue	d. STREET ADDRESS 1410 Oak Hill Ave. 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	3. NAME OF DECEASED (Type or print) Roy Miller	Snyder 4. Date Month Day Yeor OF DEATH March 17, 19 61
	s. sex male 6. COLOR OR RACE white widowed divorced divorced	B. DATE OF BIRTH March 17, 1888 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during mast of working life even if retired) Vice-president building sup	
(I)	George E. Snyder	14. MOTHER'S MAIDEN NAME Fannie Miller
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, no. or unknown) (If yes, give war or dates of service) 214-09-8881	Helen P. Snyder, Hagerstown, Md.
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Carcinoma of t] Conditions, if any, which gave rise to immediate couse (a), stoting the under. Lying couse lost.	ne urinary bladder lyr.
20	CATIC	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
0	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 1B.)
		PLACE OF INJURY (Home, farm, 20f. (City or Iown) (County) (State octory, street, office bldg., elc.)
1	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on March 15961, and that	NOV. 9 1 3 d 2 59 to March 17, 1961, that (1) (we) last death accurred at M, from the causes and an the date stated above.
1	220. SIGNATURE & SI herie	M.D. ATTENDING MED. STAFF 9/18 9 3/18 PHYS. 3/18 PHYS.
	PAME (Type) B. B. Kneisley, M.D.	^{22d. ADDRESS} 148 West Washington Street Hagerstown, Maryland
	23o. Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify) 3-19-61 Green Hil:	OR CREMATORY 23d. LOCATION (City, town, or county) (State) 1 Cemetery Waynesboro, Penna.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Scott F. Minnich & Son, Hagerston	Wn. Md. DATE MAR 21 '61

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79	8.	2 3	9.3	

03657

		0001 CERTIFIC	AIL OI BLAIII 3003 (1900)
N	1. P	ACE OF DEATH COUNTY MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b., COUNTY
		Mashington	Maryland Washington
	Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
		Hagerstown 4 Days	Hagerstown
	c	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
81	-	"ash County Hospital	1 127 East Antietam St YES NOCE
- #	3. N	AME OF First Middle ECEASED	Last 4. DATE Month Day Year
	(ype or print) PAUL ANGLE	SPICKLER DEATH March 24 1961 19
	S. S	X 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H lost birthdoy) Manths Days Hours Min
		Male White WIDOWED DIVORCED	Feby 14 1901 lost birthdoy) Manths Days Hours Min
ASI	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
		during most of working life, even if retired) Merchant Self Employe	ed Broadfording Wash Co Md USA
	_	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
T		Alexan Codalel an	E3 A 3
	10 1	Alvey Spickler vas deceased ever in u. s. armed forces? 16. social security no. 17	Elva Angle
	(Yes.	no. or unknown) (If yes, give wor or dates of service)	
		10 214-091-1061	rs Norma V. Spickler 127 E. Antietam
		IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Hagerstown Md. Interval Betweet
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascu	lar Collapse min
166		LIGIV DUE TO	
		Conditions, if ony, which) (b) Bronchopne	umonia 7 days
		gove rise to immediate Diff. TO	
		cause (a), storing the under-	ic Streptococci bacteria 7 days
	NO N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOF
	ATIC	201	PERFORMED YES NO
7	FIC	Malnutrition self impose	d arterioscerlesis YES NO RED. (Enter noture of injury in Port I or Part II of item 18.)
0	CERTI	200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (cine notice of injury in total vol. total vol. som tory
9.1			
		Haur a.m. While Not while	PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (St foctory, street, office bldg., etc.)
	MEDI	p. m. 19 of work at work	
- 10		21. I certify that (I) (this haspital) attended the deceased fra	n Mar 21 1961, to Mar 24 1961, that (1) (XX)
		saw the deceased alive an Mar 24 1961, and the	t death accurred at 72 M, from the causes and an the date stated abo
		220. SIGNATURE	22b. DAT
1		Tours W. Will	M.D. PHYS. DIRECTOR PHYS.
		22c. PHYSICIAN'S	22d. ADDRESS
		NAME (Type) Louis G. Graff, M.D.	119 E. Antieta m St.
20.	23a.	BURIAL, CREMATION, 23b. DATE THEREOF . 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
-		REMOVAL (Specify)	McCemetery Hagerstown Wash Co Md
13%	24.	UNERAL DIRECTOR'S SIGNATURE ADDRESS	25g. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE
4		Andrew K. Coffman Hagerstown Mc	14AD 0 0 101 11 - 1 2 - 1 4
		THE THE THE THE THE THE THE TANK I MAN THE	DAIL



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3662 CERTIFICATE OF DEATH

03656

	-				000
п		PLACE OF DEATH		CE (Whare deceased lived, If Institution: Residence	before admission)
		Washington	Maryland	b. county Washingtor	
	-	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)		If outsida corporete limits, write RURAL and give nee	
	SH	agers town l week	ASt. Jam	es	
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass)	d. STREET ADDRESS		. IS RESIDENCE
	IV	lantin 1222			ON A FARM?
		anor Nursing Home Virginia Ave.			AEZ NO X
1		NAME OF First Middle DECEASED	Last	4. DATE Month Dey	Yeer
		(Type or print) Aleatha Pearl	Sperow	DEATH March 15	19 61
П	5.	71 MANGED METER MARKED	DATE OF BIRTH		UNDER 24 HRS.
		Female White WIDOWED DIVORCED	Aug. 30.187	9 81 yrs. Months Deys 1	Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY		nty & State, or foreign country) 12. CITIZEN OF \	WHAT COUNTRY?
- 1	dor	HouseWife At Home	Maryl	and USA	
	12	Housewife At Home			
7			14. MOTHER'S MAIDEN	NAME	
1		Aaron Cushwa Middlekauff	Laura Ea		
	(Ya	C.go, or unkown) ((Ifyes give war or detes of service)	NFORMANT	Address	
П	, T/	None Cla	arence Spe	row St. James. Ma.	
1		18. CAUSE OF DEATH [Enter only one couse per line for (d), (b), end (c).]	1/7		VAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	2011	The state of the s	T'AND DEATH
		IMMEDIATE CAUSE (a) WE RUM DEQ	nand	ou land Tough	mes ?
		4201 DUE TO		y	//
		Conditions, if any, which \ (b)			
		gave rise to Immadiata cause			
		(a), steting the undarlying DUE TO			
-		cause lest. (c)			
	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
	ATI			YES	
	FF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	. (Enter neture of injury in	Part I or Part II of item 18.)	
	CERTIFICATION	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL		CE OF INJURY (Home, farr		(Stata)
	9		ory, streat, office bldg., etc	.)	
	2	p.m. 0	7/10	10 alist 11	
		21. I certify that (I) (this hospital) attended the deceased from	3/ /3/	19,6/, to	it (I) (we) last
		saw the deceased alive on	death occured a.		stated above.
		220. SIGNATORE		/.	22b. DATE
		Voint I Many	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	SIGNED
		22c. PHYSICIAN'S M.	22d. ADDRESS		
		NAME (Type) Ralph F. Young	III. NOOREOS		
			OR CREMATORY	23d. LOCATION (City, town or county)	(Stata)
	4 7	Buria 3/18/61 Bakersville	Cemetery	Bakersville, Md.	
	24	EUNERAU DIRECTOR'S SIGNATURE ADDRESS		C'D BY REGISTRAR 256. REGISTRAR'S SIGNATUL	RE
	/	Illing states			
	4	Williamsport	, Md. DATE M.	AR 21 '61 arthur & Krand	

dotant land _ brekrish 30525 -28/ SOBIL E नित्र हेर्ने अस्ति हैरिक्स and distribution come Victimia Ava. Statement of the season of the de le l'attractuelle great d'un all'impossable A THE STATE OF THE STREET OF THE STREET STREET

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O DEPUTE MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If ony delay is necessory, please exe-	cute the fiftedte, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral ctor. Page 4 should be	10	O FUNES.1 DIRECTOR: Poge 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	or removol.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3663 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY VASHINGTON MARYLAND WASHINGTON b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give nearest town) HAGERSTOWN RURAL T. TEER SMITTHSBURG d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO COUNTY SMTTHSBURG First Middle 4. DATE Last Month Day Year OF DEATH NRTHITE 19 JULTA STEVENS MARCH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 77%. 1883 WHITE WIDOWED [7] DIVORCED T 12. CITIZEN OF WHAT COUNTRY? HOME MARYLAND U.S.A 14. MOTHER'S MAIDEN NAME MARTHA SNIVLEY STRITE 16. SOCIAL SECURITY NO. 17. INFORMANT Address MR. LAUREN MONE BTG SPRING INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Coronary Occlusion acant DUE TO Atherosclerosis, Severe DUE TO PERFORMED? YES TI NO I

NAME OF DECEASED (Type or print) 5. SEX FEMALE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)
HOUSEWIFE 13. FATHER'S NAME WILLIAM HENRY DENNIS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY O 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. While Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy X. Inspection T. Inquiry . and find that death resulted from: Notural couses 13. Accident . Suicide , Homicide , Undetermined couse . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 3-13-61 DEPUTY MEDICAL EXAMINER NAME (Type) W. Ditto. 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stale) REMOVAL (Specify) WASHINGTON CO 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d REC'D BY REGISTRAR MAR 1 6 '6 arthur S. Hours DATE

/S. A15ME(5) 5M 9/55

CENTIFICATE OF DEATH	CONTROL MEDICAL EXAMINER
	Selfanger
	Charles Strong Strong Co. N. 35
TO THE PERSON OF THE PROPERTY OF THE PERSON	per il trial given an to upos her timb grows in it.
CHARLES OF THE STATE OF THE STA	

e. IS RESIDENCE

Day

Months

ON A FARM YES NO

Year

19 6.

Hours

12. CITIZEN OF WHAT COUNTRY?

0

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

(County)

(State)

DATE SIGNED

(Stote)

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BARLIMORE, 13
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MARYLAND STATE DEPARTMENT OF HEALTH

MINI	ILAIN	JIMIL	PLI	WELL	AIFLA		ILAL	
ISION OF ST	TATISTICAL	RESEARCH	AND	RECOR	DS -	BALTIM	ORE 1,	MARYLAND
	OF	ATIFIC		-	DE	A TI I		

DIVISION	OF STATISTICAL RESEARCH AND RECORDS	- BALT
665	CERTIFICATE OF D	EATH

665	CERTIFICATE	OF D	EATH

03660

1	a. COUNTY Washingt	on		MARYL		a STATE		ere decease		PUNTY		ice befo	re admissi	on)
		outside carporote limits,	write c. LEN	IGTH OF STAY II	N 16	c. CITY OR	TOWN (If a					give nec	rest town)
	OR INSTITUTION	AL (If nat in hospital, giv	e street oddress)	3 Mos		d. STREET								FARM?
	estern Md	State Ho	sp			31	Bry	an P	lace				YES 🗌	но 🔯
3.	NAME OF DECEASED (Type or print)	Im2	DW	VILLA	5	TOTLI	ER	4. DATE OF DEATH		Mon 3	th	3		96/
5	Female		MARRIED NIDOWED	NEVER MARRIES		DATE OF BIRT	н 1 188	8	9. AGE (In lost bir 72	n years thdoy) yrs.	Manths	Days Days	Hours Hours	R 24 HRS. Min.
10	o. USUAL OCCUPATIO			Retire	INDUSTR	BIRTHP		or foreign o		Co	12. CIT	IZEN OF	WHATC	
13	3. FATHER'S NAME	- 00001101				14. MOTHER'S					71-04-0		0 021	
	John E.	Stotler				Tut	le Su	mmer	s					
	S. WAS DECEASED EVER	IN U. S. ARMED FORCE		SECURITY NO.	17. INFC					Addr	ess			1
1	Yes, no. or unknown) (I	f yes, give war or dates of serv	,	None	Dan	iel D.	Sto	tler	147	Bel	llvi	ew.	Ave	
CEOTIEICATION	Conditions, if an gove rise to in cause (a), stating t lying cause last. PART II. OTH	nmediate he under- DUE TO (c)_ ER SIGNIFICANT COND	ITIONS CONTRIB		TH BUT NO		THETERMI	NAL DISEAS	SE CONDITI	95			9. WAS A PERFO	
		CAUSE OF DEATH	OB. DESCRIBE H	IOW INJURY OC	CURRED.	Enter noture	it injury in t	roff I or Po	rt II of item	18.}				
14000041	Hour o.m.	Manth, Doy, Year	While _ N	OCCURRED (2) Iot while	20e. PLAC factor	E OF INJURY y, street, offic	Hame, farm e bldg., etc.	20f. (Cit	y or town)		(1	County)		(Stote)
		(1) (this haspital) ed alive an MA	18 71	96, and	that dec	ath accurre	d at 60	ED.	STAFF	ses an	d an the			abave. DATE
	22c. PHYSICIAN'S NAME (Type)	YOUNG	TE.	CHU,	V.	22d. ADDR	□ DI	Per	ina.	AL	ce.H	age	rston	w, M
2	3a. BURIAL, CREMATION REMOVAL (Specify) Burial	1, 23b. DATE THEREOF	23c. 1 Res	t Have	TERY OR C	REMATORY	r	U.	TION (City	, town, o	Tach	Co	(State	d d
2	4. FUNERAL DIRECTOR'S Andrew	K. Coffin		odress erstown	ı Md		25a. REC'	D BY REGIS	TRAR 25		STRAR'S SI			

TO HOSFIFTS OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 MM after death. Page 4 may be and by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/59

MAKTLAND	SIAIE DEP	AKIMENI	OF HEAL	.IH
ON OF STATISTICAL	RESEARCH AND	RECORDS - 8	ALTIMORE 1,	MARYLAN

3666 CERTIFICATE OF DEATH PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY b. COUNTY MARYLAND Maryland Washington Washington b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) 1 week Rural Hagerstown d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Smithsburg, R.D. 2 Washington County Hospital NAME OF 4. DATE First Middle Manth Trumpower DECEASED OF DEATH May (Type or print) Alice March 18 CHARLES HERE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Manths female white DIVORCED | August 2, 1882 WIDOWED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) Smithsburg, Md. R.D.2 U.S.A. House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Elizabeth Suter Cyrus B. Bachtell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Robert N. Bachtell Hagerstown, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) Coronary Occlusion DUE TO Auricular Fibrillation Conditions, if any, which gave rise to immediate DUF TO cause (a), stating the under-Arteriosclerotic Cardiovascular Disease lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.) 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) Day. 20d. INJURY OCCURRED factory, street, affice bldg., etc.) While Haur a.m. Nat while at wark at wark 3-18 21. I certify that (I) (this hospital) attended the deceased fram. 3-8 . 19.61 and that death accurred att. MPM, from the causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE PHYS. DIRECTOR _ 22c. PHYSICIAN'S 22d, ADDRESS

attending a þ permi buriol-transit peen cremation, or attending DIRECTOR: should 0

NAME (Type)

23a. BURIAL, CREMATION.

Burial

REMOVAL (Specify)

24. EUNERAL DIRECTOR'S SIGNATURE

narles 23b. DATE THEREOF

director, filed with

funeral

filled

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filed

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ages death.

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VR A15 (4)

ADDRESS Waynesboro. Pa.

23c. NAME OF CEMETERY OR CREMATORY

Stouffers Cemetery

250, REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Md. R.D.2

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

Wk.

PERFORMED? YES NO

(State)

22b. DATE SIGNED

(State)

ON A FARM?

YES X NO

Year

19 61

DATE MAR 2 2 '61 arthur S. Kraus

23d. LOCATION (City, tawn, ar caunty)

Smithsburg,

. 1. E. W. S. C. C. B. Walling to the and the committee of the contract of the contr S. Sh. and a proceeding the state of the sta

VR A1S (4) 1SM 9/59

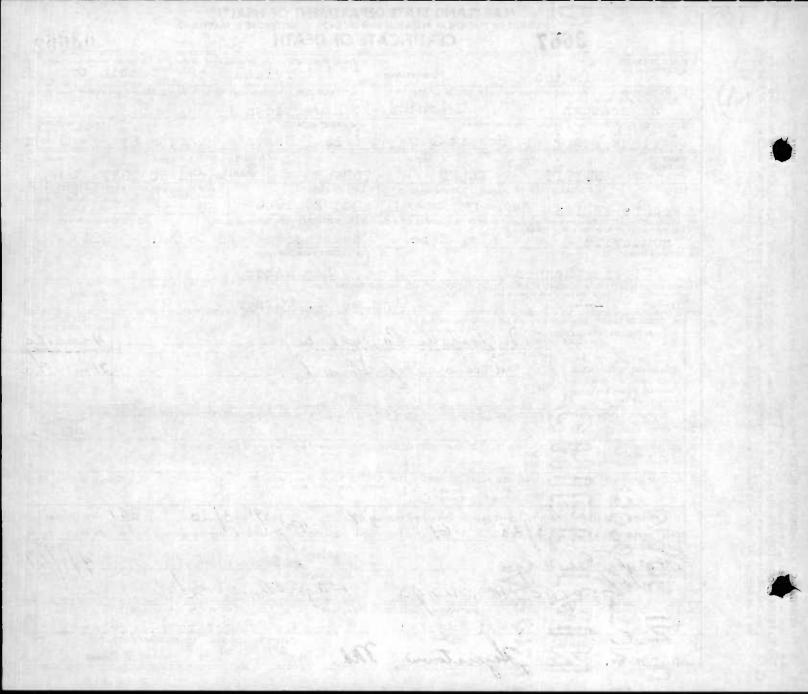
MARYLAND STATE DEPARTMENT OF HEALTH

VISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVISION OF	STATISTICAL RESEARCH A	AND RECORDS — BALTI
3667	CERTIFICA	TE OF DEATH

)2	03662)
		die

									1-4		1	
1.	PLACE OF DEATH	shington		MARY	LAND	2. USUAL RESID	Lary]	ere decease Land	d lived. If institution b. COUNTY	Washi	before odmis ngton	sian)
	b. CITY OR TOWN (I RURAL ond give no Hager		ts, write	c. LENGTH OF STAY		- 1	own (If a	-	orate limits, write R	URAL ond give	e nearest tow	n)
	OR INSTITUTION	Memorial	7.7	oddress)		d. STREET A	DDRESS		shingto	n St		SIDENCE A FARM?
12	NAME OF	Fir		Middle		Last		4. DATE	Man		D	Year
3.	DECEASED (Type or print)	NETTIE	31	ELLEN		TURNER		OF	March 3	0 196	1	19
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	ED 🔲	B. DATE OF BIRTH			9. AGE (In years last birthday)			
	Fenale	White	WIDOW	ED DIVORCE	D	Oct 2	1 190	00	60 yrs.	Months Do	ys Haurs	Min.
10	. USUAL OCCUPATION	N (Give kind of work	dane 10b.	KIND OF BUSINESS O	RINDU	STRY 11. BIRTHPL	ACE (State of	ar fareign c		12.CITIZE	OF WHAT	OUNTRY?
	Housew:	ing life, even if retired)	Own Home					sh Co Mo	1.	USA	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
)	Will	iam Renne	r			Ma	v Bal	cer				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17, II	NFORMANT			Add	ress	9-1-1	
	NO	(If yes, give wor or dates of s	ervice)		J	ames R.	Tui	rner				
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c) .	ne for (o), (b), and (c).	Ca	r.Einlener	5_				ONSET AND	
	151X	DUE TO	100		B	1.+	1	1,60			4	.1
	Canditians, if o		La	remore	4	A linear	£				2/me	uths
	cause (a), stating				0					200		
1_	lying cause lost.) (0	:)(
CATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMII	NAL DISEAS	E CONDITION GIV	EN IN PART 1	PERF	DRMED?
FICA											YES	NO
CERTI	(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature a	injury in F	Part I ar Par	rt II of item 18.)			
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Doy, Ye	ar 20d. I While of war	NJURY OCCURRED Nat while rk ot wark		ACE OF INJURY (I ctary, street, office			y ar tawn)	(Cau	inty)	(State)
		-) attend	ded the deceased	fram	6/14	773019	59 . ta	3/30		, that (I)	
		sed alive an 3	4.8	19.6% and	that o	death accurred	at p	M, fram	the causes ar	nd an the a	date stated	above.
	220: SIGNATURE	Thunen	40			M.D. ATTENDING	ME DII	D.	STAFF PHYS.		4/1	GNED
	22c. PHYSICIAN'S NAME (Type)	200 YOU	-10	2121/216	5	22d. ADDRE	ss erra	Corene	MI			
22	BUDIAL CREATAN	LOS SATE THERE	Y.C.	19 11 119	CTERV C	D CDELLIZODO		221 1054	TION IS'			
23	REMOVAL (Specify)	April 2	1.198		Hav	en Cerre	teru		TION (City, town,		(Sto	rej
24	FUNERAL DIRECTOR		9100	ADDRESS		6		BY REGIS	TRAR 2Sb. REGI	STRAR'S SIGN	ATURE	
	Andrew K		He	gerstown		me.	DATE	F) 12	61	Liming & #		

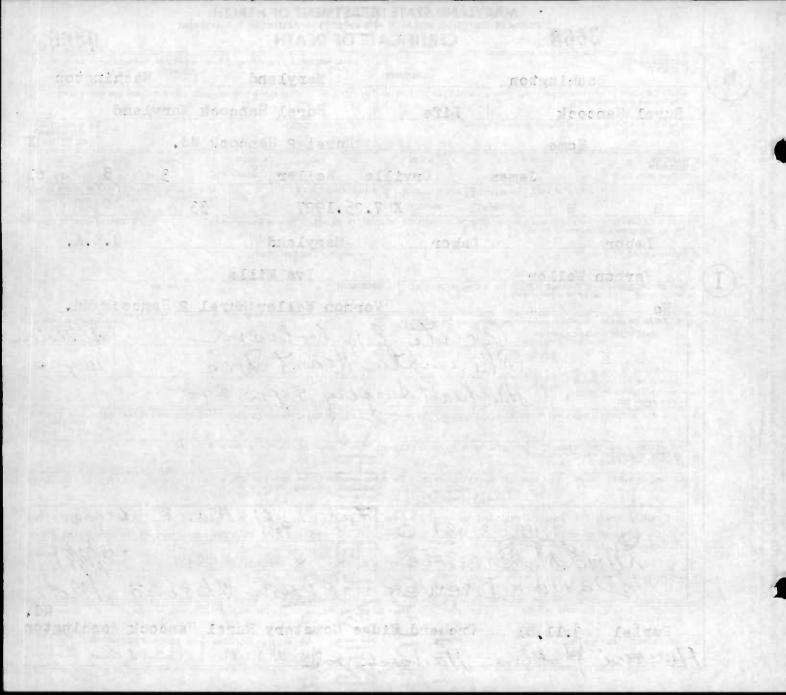


VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03663

1. PLACE OF DEATH a. COUNTY	Washingt	071	MARYLA		USUAL RESIDENCE (WE OF STATE		lived. If institution b. COUNTY		before admi	
b. CITY OR TOWN (I	f autside carporate limi		c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If o	-	ate limits, write RL			
Rural Ha			Life		Rural	Hanc	ock Mar	yland		
	TAL (If not in hospital, g	give street	address)	a a	d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
	Home				Rural 2		CK MG.		1 F2 [NO [X
3. NAME OF DECEASED (Type ar print)	Fin J	ame s	Middle Orv	ille	Weller	4. DATE OF DEATH	Mont	h	8 Day	Year 19 61
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UNE	DER 24 HRS.
M	W	WIDOW			25.1927		1 33 yrs.		ays Haurs	
10a. USUAL OCCUPATIO	ON (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	ar foreign ca	untry)	12. CITIZE	N OF WHAT	COUNTRY?
Labor	•		Labor	11/	Marylan			U	.S.A.	
				100						
IS. WAS DECEASED EVE	on Weller		SOCIAL SECURITY NO.	17 INFOR		Mills	Addr			
	(If yes, give war or dates of s		SOCIAL SECURITY NO.	17, INFOR						
No				Ve:	rnon Well	er Ru	ral 2 H	ancoc	k Md	
		use per li	me far (a), (b), and (c).]	0	0 0				INTERVAL E	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1) (roule	6	mook	isn	1		Aluc	lder
416X	DUE TO	0	0	AI	4	1-Ox	1			
Canditians, if a	ny, which)	UU	reuma	lic	Nears	No	R		10 4	LR.
gave rise to i		1	00 1	1	, ~ .					
lying cause last.	the under-	Hac	of heart &	ung	ery 5 4	ns,	ago			
PART II. OTH	HER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	(a) 19. WAS	ORMED?
7										NO
20a. ACCIDENT WA	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature af injury in	Part I ar Part	II of item 18.)			
20c. TIME OF INJUR Havr a. m. p. m.	RY Manth, Day, Ye	ar 20d. I While at war	Nat while		OF INJURY (Hame, farm street, affice bldg., etc		ar tawn)	(Co	unty)	(State)
21. I certify the	at (I) (this haspita	l) attend	ded the deceased f	ram7	-el-1.12	61, to 1	nar 8	19_6	! that #	(we) last
saw the deceas	sed alive an Mi	ar	8, 196 1, and t	hat deat	h accurred at N	iM, fram	the causes an	d an the	date state	d abave.
22a. SIGNATURE	Wide	0	10 mer	M.D.	ATTENDING MPHYS.	ED.	STAFF PHYS.	,	3/10/	26. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	David	R.	Brewse	~	22d. ADDRESS	111	Yba	1	h	1
23a. BURIAL, CREMATIC	NI 225 DATE THERE)E	23c. NAME OF CEMET	EDV OD CO	EMATORY	224 LOCAT	ION (City, town, o	7	11.0	ote) Md
REMOVAL (Specify)							1			
Burisl 24 FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	ulag	e Cemeter	D BY REGIST	PAR 201 PEGIS	TRAR'S SIGN	Vashi:	IIR COL
LIA	1 12 al		L	0	DATEMA			hun & +		
Towwelle	CITA	ine	Nanc	sell	DATENIA	1 1 0 0	·	2. /	A 2-00-A-2	1 1 1 1



FOR STAT HEALTH DE IO DEP. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an exp is necessary, please exacte the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

VS. A15ME 5M 7/59

b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerast town) Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) 301 W. Wilson Blvd.	a. STATE	Md. b. COUN						
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerast town) Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		16 A-2-d 12 - 14 14						
	Hagerst		RURAL and giv	e nearest town)				
Joz uzzani mz.va.	d. STREET ADDRESS 301 W.	Wilson Blvd.	- 1	a. IS RESIDEN ON A FAR				
NAME OF First Middle DECEASED (Type or print) Harry William	Wellinger	4. DATE Month OF DEATH	larch 2					
7. MARKED NEVER MARKED	uly 9, 188	last birthday)	Months Days	R IF UNDER 24 HR				
Da. USUAL OCCUPATION (Give kind of work one during most of working life, aven if retired) gang leader 10b. KIND OF BUSINESS OR INDUSTR	Hagersto		12. CITIZEN	OF WHAT COUNT				
Jacob Wellinger	14. MOTHER'S MAIDEN	Mary Baur						
Yes, no, or unkown) (Ifyesgivawarordatesofservica)	nformant arl Wellin	Address ger, Alexand	er. Va					
18. CAUSE OF DEATH [Entar only one cause par line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wy & Carcline		,		NTERVAL BETWEEN ONSET AND DEATH TIME WERE				
Conditions, if eny, which geva rise to immadiate cause (a), steling the underlying DUE TO			al_	10 010				
causo lest. (c) WE PELL OS CHIEFE THE LEAT CLIC LOWE OF STREET 1(0) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?								
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter nature of injury in Par	I I or Part II of item 18.)	31.98	YES NO				
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Home, farriery, street, office bldg., etc		(County)	(Stale)				
21. I certify that I took charge of the remains described above, he death resulted from: Natural causes Accident . Suici		Inspection Inquiry		nd in my opinion				
ACTUAL Schward W. DIHOTOT	CHIEF MEDICAL M.D. ASSISTANT MED	EXAMINER ICAL EXAMINER		DATE SIGNED				
EXAMINER'S Edward W. Ditto 111, M. D		city, town, or county)		3/29/6				
22b. BURIAL, CREMATION, REMOVAL (Specify) 3-30-61 Rose Hill Ce	THE RESERVE OF THE RESERVE OF	Hagerstown,		(State)				

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH 3670 CERTIFICATE OF DEATH

03665

М	T+om 23h Film (284 4/12/61 1Wk	
V	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE of S	before admission)
1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and gir RURAL and give nearest town)	ve nearest town)
-	d. NAME OF HOSPITAL of not in hospital, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE
	Williams port SantArium 130 n. Carlisle St.	ON A FARM? YES NO
3	3. NAME OF DECEASED (Type or print) Ann Blanche White DEATH March	Day Year 3/ 196/
0,	MAKKIED THEFT MAKKIED	YEAR IF UNDER 24 HRS. Days Hours Min.
	HOUSE KEEPER HOME Breencastle Penn. &	EN OF WHAT COUNTRY?
1	Dr. Edward David Rankin Adeline Lucinda Reid.	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or uniform) If yes. give war or dates of service) Samuel Hember 915 grehard He	el Va
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under: DUE TO DUE TO DUE TO DUE TO A DUE TO DUE TO A DUE TO DUE TO A DUE TO A DUE TO DUE TO DUE TO A DUE TO DUE TO A DUE TO D	G mo
	lying cause lost. (c) A P C 2 P 10 3 C 1 C P 2 P 1 P 2 P 1	1(o) 19. WAS AUTOPSY PERFORMED? YES NO D
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201. CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED Mile Not while of work o	ounty) (Stote)
	21. I certify that (I) (this hospital) attended the deceased fram Mer 12, 1960, ta Mer 30, 196 saw the deceased alive an Mer 30, 1961, and that death accurred at 12M, fram the causes and an the	that (1) (we) last date stated abave.
	229 SONATURE ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS. D	24 - 2 SIGNED
	22c. PHYSICIANS NAME (TYDE) Lloyd All Hoffmar Pagerstown,	nd
-	230. BURIAL, FRANTION, REMOVALTSpecify) April 3, 196 Ceder Hell Clineley Grantony 23d. LOCATION (City, town, or county)	wholm Pa
1	24. FUNERAL DIRECTOR'S SIGNATURE SADRESS SADRE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be read by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S (4) 15M 9/59

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after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

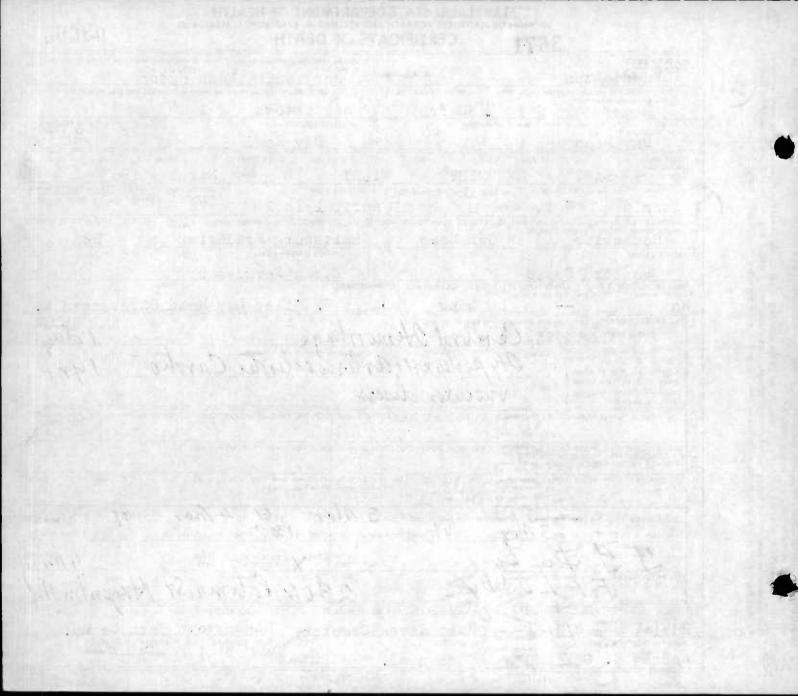
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03666

	367	CERTIFICA	TE OF BEATH		(1000)
1, PL / o.	ACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Reside b. COUNTY i Washington	nce before admission)
b.	CITY OR TOWN (If outside corporate limit: RURAL and give nearest town) Hagerstown R#	s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or Hagers town	utside corporote limits, write RURAL ond	give nearest town)
d.	NAME OF HOSPITAL (If not in hospitol, gi OR INSTITUTION Day Road		d. STREET ADDRESS Day Ro		e. IS RESIDENCE ON A FARM? YES NO
DE	AME OF First CEASED (Pe or print) MARY (Lost ILEY	4. DATE Month OF DEATH March 4 19	Day Year 961 19
3. 3EX		7- MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH April 1 1887	lost birthdoy) Months	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
Too. K	SUAL OCCUPATION (Give kind of work d during most of working life, even if retired) Housewife	Own Home		or foreign country) Md 12.CII Frederick Co	USA
13. FA	Sanford Sease		14. MOTHER'S MAIDEN N. Sarah Fe	ergueson	
	AS DECEASED EVER IN U. S. ARMED FORCE	rvice)	NFORMANT	Address	erstown ld
16	B. CAUSE OF DEATH [Enter only one couper part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO	every Hem	orrhage	+ 1 !	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. (c)	rusculor dise	rlevio scler	Mi Cardo	147+
CERTIFICATION		DITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	Og. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	Port I or Port II of item 18.)	
MEDICAL	Oc. TIME OF INJURY Month, Doy, Yea Hour o.m. p. m. 19	r 20d. INJURY OCCURRED While Not while of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	at. I certify that (I) (this hospital) aw the deceased olive on 3.1	1. 1. 1	107.	M, from the couses and on the	that (1) (we) lost the date stated above.
	20. SIGNATURE of LUS	by	73	D. STAFF	22b. DATE 4 NIGNED
2	NAME (Type) F. F. L U	sby	22d. ADDRESS 2 30N	Polomaist Ho	upnton My
	BURIAL, CREMATION, 23b. DATE THEREO REMOVAL (Specify) 3/6/61	F 23c. NAME OF CEMETERY C Rest Haven		23d. LOCATION (City, town, or county) Hagerstown Wash	(Stote)
	UNERAL DIRECTOR'S SIGNATURE ndrew K. Coffman	ADDRESS Hagerstown Md.	25a. REC'D	P 7 61 25b. REGISTRAR'S S	47

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be received by the haspital ar attending physician.

TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03667

1. PL.	ACE OF DEATH COUNTY	Washing	ton MARYLAND	2. USUAL RESIDEN a. STATE Mar	CE (Where decease yland	ed lived. If instituti b. COUNTY				
	CITY OR TOWN (If a RURAL and give near Hagerst	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstown								
d. J	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Jackson Nursing Home			d. STREET ADDRESS 1821 Heisterboro Road e. IS RESIDENCE ON A FARM? YES NO						
DE	AME OF CCEASED (pe or print)	da First	Braddon Middle	Wilson	4. DATE OF DEATH	Marcl Marcl		19 61		
5. SE	emale	T-71 - 2 4 -	MARRIED NEVER MARRIED DOWED MOVED DIVORCED	B. DATE OF BIRTH March 23	, 1882	9. AGE (In years last birthday) yrs.	Manths Days	Hours Min.		
100. (USUAL OCCUPATION House W	(Give kind af wark dane life even if retired)	106. KIND OF BUSINESS OR INDI Own Home		(State or foreign stown,	Ohio	12. CITIZEN O	F WHAT COUNTRY		
13. FA	ATHER'S NAME Hen	ry Braddo	on	14. MOTHER'S MA	IDEN NAME	Grut	e	Terr Total		
		N U. S. ARMED FORCES? yes, give war or dates of service)		nformant narles R.	Wilson	Add Hager:		Md.		
ICATION		SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BL			KENTAL.	/EN IN PART 1(a)	19. WAS AUTOPS' PERFORMED? YES NO		
	00. ACCIDENT WAS DR CONTRIBUTING E IF EITHER, NOTIFY MI 0c. TIME OF INJURY Haur a.m. p. m.	Manth, Day, Year 2	Od. INJURY OCCURRED 20e. F	LACE OF INJURY (Ham actary, street, affice blo	ne, farm, 20f. (Cit	ty ar tawn)	(Caunty)) (State		
s	21. I certify that (I) (this hospital) attended the deceased fram 2/27/61 19 to 3/1/61 19 that (I) (we) la saw the deceased alive an 2/28/61 19 and that death occurred at M, fram the causes and on the date stated above 226. SIGNATURE ATTENDING MED. PHYS. DIRECTOR PHYS. 3/2/61									
	PAME (Type)	Howard N.	Weeks, M.D.	22d. ADDRESS 136 N.		St.,Ha	gerstow	n,Md.		
23a. I	BURIAL, CREMATION, REMOVAL (Specify) UTIAL	3-4-61	23c. NAME OF CEMETERY Rose Hill			agerstor		(State)		
	INERAL DIRECTOR'S		ADDRESS		o. REC'D BY REGIS		STRAR'S SIGNATU			

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 has after death. Page 4 may be reflected by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremotian, ar removal, and in any event, within 72 haurs after death.

after death. Page 4

VR A15 (4) 15M 9/59

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after death. Page 4 the funeral director, 2 should be filed with TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 homes be really by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 673 CERTIFICATE OF DEATH

3673

03668

	a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, it institution: Residence betare admission) a. COUNTY b. COUNTY								
	WASHINGTON MARYLAND WASHINGTON								
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn)								
	HAGERSTOWN ONE WEEK & BOONSBORO								
	d. NAME OF HOSPITAL (If not in haspitol, give street address) d. STREET ADDRESS e. IS RESIDENCE								
	WASH. CO. HUSEHITE III O GORAGE TEXTS.								
4	3. NAME OF First Middle Last 4. DATE Manth Day Year OF								
	(Type or print) HENRY VIEIRNON YOUNG DEATH MIGICH - 16 - 196/								
ü	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
ń	MALE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED No. 1875 Strinday) Manths Days Haurs Min.								
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
	during most of working life, even if retired)								
	KETIRED CARPENTER-GENERAL BULLDING NK. MIDDLETOWN TRED. CO. MIDUSIA								
1									
1	CONAS SI YOUNG ANNA SOPHIA SIGLER								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4234 CAICONELL AVE								
	NO. 216-07-7120 KOSEOF YOUNG BALTIMORE 6. MD.								
	18. CAUSE OF DEATH [Enter only one cause per line far (a) (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH								
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Clarke Coronary Occursion Stays								
	4200 DUE TO 1 1 1 1.								
	Canditions, if any, which) in Arthroscleration Heart desease, 10-14 apre.								
	gave rise to immediate								
	cause (a), stating the under DUE TO								
	lying cause last. (c) Sheer yet with the same last.								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO								
1	YES □ NO □								
1	20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING □ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II ar Pa								
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while at wark at w								
	Haur a.m. While Nat while factary, street, affice bldg., etc.)								
	21. I certify that (1) (this haspital) attended the deceased fram. 123, to 2/17 195, that (1) (we) last								
	saw the deceased alive an								
	ATTENDING MED STAFF SIGNED								
	22c. PHYSICIAN'S NAME (Type) 22d, ADDRESS 22d, ADDRESS								
	Tenner C. Tieroson Miladielone, Ma.								
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)								
-	BORGE MARCH 19, 1961 BOONSBORD CEMETERY BOONSBORD NASH. CO. MO.								
3	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE								
1	John C. Past BOONSBORO MD. DATE MAR 21 '61 arthur S. Kraus								
- 6									

TE TELEPHONE A STATE OF THE STA ELTHER CARRESTELL CERTAIN PROPERTY AND THE PROPERTY FILE. DELLA STATE SOUND ANNA SCHIR SILLER NO - SIL-07-7125 BOLLE HEING BETOMORE OF MO. Contract Conversed December 1 morting allowance - Par Court State DOLLAR WARREN TO A CONTROL OF THE PROPERTY OF THE PARTY O The state of the s